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# Massachusetts WIC Program STATE PLAN Fiscal Year 1993

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THE COMMONWEALTH OF MASSACHUSETTS  
Department of Public Health



# Massachusetts WIC Program STATE PLAN

## State Agency Goals and Objectives





INTRODUCTION

A federal program supplemented by state funds, the Massachusetts WIC Program provides nutrition education and counseling, makes health care and social service referrals, and distributes checks for nutritious foods to low-income pregnant and postpartum women, infants and young children certified as medically or nutritionally at risk. WIC also distributes coupons redeemable at community farmers' markets for fresh produce. In carrying out these mandates, WIC works in collaboration with health care providers and other health and human service agencies to provide coordinated, comprehensive services to families in need. WIC is proven effective in reducing infant mortality and morbidity and in improving participant health outcomes.

The Massachusetts WIC Program functions as part of the Department of Public Health (DPH). A Division in the Bureau of Family and Community Health, WIC works directly with other maternal and child health programs, particularly Healthy Start, Office of Nutrition, Perinatal Community Initiatives, Adolescent Health, Early Intervention, Growth and Nutrition, Maternal and Infant Care, and Children and Youth. The WIC Program also collaborates with the Bureau of Substance Abuse Services, the AIDS Program and the Epidemiology and Immunization Division on issues affecting women and children. Strong intra-agency networking and lateral communication through the Department's matrix organization and committees on key initiatives - such as infant mortality, AIDS, and adolescent services - ensures integrated policy development, planning and program implementation.

A statewide network of 37 local programs with 120 sites and 700 retail stores in communities across the Commonwealth supports WIC Program activities. Quality nutrition services, focused on individual service needs, form the centerpiece of the Program. Particular emphasis is placed on providing services to high risk populations, including prenatal and breastfeeding women, medically at-risk infants and children, members of ethnic minority groups, new immigrants, and pregnant adolescents. This participant focus is buttressed by the involvement of the multi-faceted Massachusetts WIC community - local agency and program staff, Advisory Council members, participants and advocates - with the state agency in identifying problems, developing solutions and affecting program improvement. WIC also maintains a decentralized computer system with microcomputers at local programs which produces and accounts for over 400,000 food checks a month and a banking services contract to process and reconcile the checks. Federal regulations and monitoring and evaluation requirements are a critical component of WIC program operations.

Now at a monthly caseload assignment of 118,525 participants, community services are at operational and funded capacity; at a number of local WIC programs, maintenance of service levels is dependent on increases in productivity and increases in service levels, depend on the addition of local program staff, space and computer equipment. The rate of inflation in WIC food costs and the levels of federal and supplemental state funding continue to be determining factors in the number of participants served.

### Fiscal Year 1993 Goals and Objectives

Massachusetts WIC's overall focus for FY 93 is to improve program services, capacity and systems in order to provide services to the greatest number of eligible women, infants and children within the constraints of available funding for WIC foods and nutrition services and operations.

Initiatives in FY 93 are planned to continue to facilitate participant access to services and to improve nutrition and other WIC services:

- o enhance WIC Program nutrition, program and food delivery policy and procedures to take advantage of the program efficiencies and effectiveness inherent in WIC 2, reduce barriers to services, and ensure the provision of quality services.
- o improve coordination of WIC participant services at the community level, especially with the maternal and child health programs in the Bureau of Family and Community Health and other programs, as well as with programs in the DPH coordinated community service contract areas and in service areas with special federal initiatives, e.g. "Healthy Start" and "Weed and Seed."
- o continue to improve service capacity, improve productivity, and increase time available for participant services through maintenance and enhancement of the new management information system, WIC 2.
- o collaborate with the Bureau of Family and Community Health to develop and implement policy and procedures for coordinating WIC and Maternal and Child Health (MCH) participant demographic and health data for use in program planning, monitoring and evaluation.
- o plan and implement a Staff Training and Development Center to ensure the standard application of policies and procedures and the provision of quality services in local WIC programs.
- o enhance the automated immunization tracking and assessment system as well as WIC program education and referrals regarding immunizations.
- o intensify outreach activities with emphasis on reaching high risk individuals, especially pregnant teens/women and infants, in their communities.
- o further develop breastfeeding promotion activities and increase breastfeeding rates among WIC participants.

The goal for FY 93 statewide monthly average participation is 118,525 individuals, to be jointly funded by federal and supplemental state funds. Dependent on the rate of inflation and levels of federal and state funding, monthly participation and food cost savings, this goal will be reassessed mid-year. Services and benefits should be provided to:

- 22,982 women; 31,669 infants; and 63,874 children.
- 77.5% of the eligible population (based on an estimate of 152,841 eligibles which uses 1980 census data and updated health indicators).



This number includes approximately 99,696 participants to be served with federal funds including infant formula rebate dollars. The average monthly caseload of 118,525 is based on the following assumptions:

- o an 8% increase in the federal allocations for food and nutrition services and operations.
- o maintenance of the current infant formula price enhancement.
- o a 4.2% increase in the annual cost of the average food package including infant formula.

If any of these factors changes, an adjustment will be made in the number of participants to be served each month.

#### Review of Fiscal Year 1992 Goals and Objectives

During FY 92, the Massachusetts WIC Program's overall goal was to improve program services, capacity and systems in order to provide services to the greatest number of eligible women, infants and children within the constraints of available funding for WIC food and nutrition services and operations.

Initiatives were planned to facilitate participant access to services and to continue to improve nutrition and other WIC services. Program activities toward this goal were significantly aided by additional Federal funds and by new State funds.

#### o Caseload Expansion

Assigned monthly caseload was increased to 98,500 during the fall as a result of \$3.14 mil. in new State funds and then, to 98,500 and 109,800 due to increased Federal food funds and level food cost inflation. Together with low inflation, an additional \$4.8 mil. increase in State funding for the fiscal year beginning July 1, 1992 resulted in the assignment of an additional 8,725 cases, bringing caseload to 118,525.

Caseload allocation emphasized services to high risk and high need participants as well as gaining a degree of equity among local program services and provision of caseload to enable programs to serve all WIC Priority Groups, with particular attention especially to the Federal Healthy Start and Weed and Seed initiative service areas.

Following the caseload allocations during FY 92, active participation increased steadily each month to 103,674 in June and is expected to reach 109,800 in September and 118,525 by next June. Demand for WIC has been extremely strong, reflecting depressed economic conditions and past outreach activities. The Program will be conducting a major outreach campaign in FY 93 in order to attain the maximum level of services.

Program participation reflected continued emphasis on high risk, minority populations: approximately 70% of Massachusetts WIC participants are in Priorities 1-3; and 54% are members of minority groups.

o Local Program Capacity

As part of an ongoing initiative to more adequately fund local WIC programs with available funds, local program service capacity was improved significantly. To support the additional caseload at local programs in the State FY 93 initial and amended contracts, full-time staff was augmented by 83 FTEs, including increased nutritionists, and all staff salaries were improved based on the FY 92 Salary Study. Funds were provided for implementation of the new staff levels, space rental needs, and the Farmers' Market Program, as well as for staff to conduct outreach and liaison activities in the Federal and State community coordination areas. Average funding per participant was increased to \$118.00 for FY 93 amended contracts as total local program contract dollars increased \$3,200,434 from the previous year's level.

o Community Coordination

In conjunction with the Federal and State initiatives to improve health care through better coordination of community services, WIC participated in the planning and start-up of Weed and Seed in Chelsea, Healthy Start in Boston, and the Department of Public Health (DPH) community contract areas of Springfield, North Shore and New Bedford. Funding to promote coordination between WIC and other health and social service programs was provided to support additional caseload in these areas, together with monies to hire a coordination/outreach worker for each participating local program. As Weed and Seed proceeds, Federal Healthy Start begins operations and the DPH's community coordination contracts expand to other areas of the State, WIC activity regarding these initiatives will be ongoing.

o Participant Access to Services

The WIC Program undertook a number of activities separately as well as in collaboration with other DPH maternal and child health programs and with Department of Public Welfare programs in order to facilitate participant access to services. Among these activities are: start-up of two new local programs, revision of local service areas, planned opening of 22 new local WIC program satellite sites; ongoing WIC support in the form of staff and materials for the Family Outreach Van, an innovative vehicle-based community outreach service designed to combat infant mortality by bringing services to the streets of Boston; development and implementation of the "Women in Prisons" initiative which provides WIC services to eligible incarcerated women at MCI, Framingham; trimonthly WIC check pickup for participants not requiring high risk services; continued emphasis on local program recruitment of bicultural and bilingual staff reflecting the composition of program participation; extended early morning, evening and/or Saturday hours at all local WIC programs to accommodate employed WIC participants; development and distribution of outreach materials designed to notify potential participants of eligibility; continued work with Early Intervention, DPH Healthy Start, the Perinatal Community Initiative Project and Substance Abuse to ensure cross referrals; use of combined certification and assessment forms for prenatals by WIC and MCH nutritionists; and facilitation of appropriate infant and childhood immunization with the DPH Immunization Program.

o New ADP System - WIC 2

Following design and development of WIC 2 programming, planning for implementation and conversion from the old system to the new at local WIC programs was carried out, including staff from each local program visiting a demonstration site to view WIC 2 in operation and to gain "hands on" experience, hardware installation, development of a user manual, and intensive training of local staff prior to and during actual local program conversions.

During the year, conversion of local programs was phased-in. After each conversion, corrections and adjustments were made to computer programming and operations, and technical assistance with regard to operations, participant flow and staff assignment was provided. The statewide Help Desk which has an 800 number is staffed continually to provide technical assistance to local programs. At the state office level, review and correction of WIC 2 data and reports was on-going, and the program file was updated to include changes and improvements. All local programs were converted by December, 1991.

State staff was involved intensely in all phases of the WIC 2 process, including design, development and testing software, training and local program conversion to gain knowledge of and expertise in the day to day working of the system and to better provide technical assistance to local programs, as well as to save limited resources. One benefit of this involvement was further information on local program operations which, together with input from local program staff, was used to revise program standards and procedures to take full advantage of the efficiencies and cost effectiveness inherent in the new system.

At the same time as Massachusetts was adapting and implementing WIC 2 the Program experienced unprecedented growth and expansion in assigned caseload and active participation due to level food cost inflation and increased Federal and State funding. As a result, throughout FY 91 and 92, the WIC 2 effort included installation of additional hardware to support increased participation and ensure cost efficient, effective operations.

WIC 2 is a decentralized, distributed system which integrates the State mainframe with local program microcomputers and prints food checks at local WIC programs. It has increased local program productivity, improved the accuracy, accountability and timeliness of WIC checks, and is generating data consistent with statewide nutrition surveillance and other data systems. The result is expanded capacity to serve greater numbers of eligible participants as well as provide improved data for health care and nutrition planning, evaluation and management.

o ADP Assistance to Other States

In order to assist other states in cost effective development of new MIS, Massachusetts WIC has hosted and demonstrated its WIC 2 system for Connecticut, Idaho, New York, Oklahoma, New Hampshire, Maine and Rhode Island state staff members, as well as provided source and other WIC 2 information to Utah and Iowa.



o Automated Immunization Tracking System

The new WIC 2 system was enhanced with a cost effective adaptation of an automated immunization data system for use by Massachusetts WIC. Documentation, tracking and forecasting of immunization is facilitating immunization of children and providing data on immunization rates. The adaptation involved redesign and programming to integrate immunization into WIC 2 so as to avoid separate sign on and sign off and to provide a consolidated source of health data.

Automation of immunization entailed design changes to update the program to CDC specifications, through testing of software, pilot projects, installation onto the microcomputer system at local programs, and training local program staff on the new system. As such, immunization was a major enhancement to WIC 2 which consumed significant WIC staff time and effort.

o Breastfeeding Promotion and Support

Statewide, the number of breastfed WIC infants increased by nearly 710 to 4,387, which represents 16.52% of all infants on the Program. Twelve local programs had breastfeeding rates over 20%, with seven programs having rates above 25%. These increases are the result of program activities to promote and support breastfeeding at the community level, including: ongoing staff training; development and implementation of breastfeeding education protocols such as breastfeeding education at each prenatal visit; monthly support groups; "reassurance calls" within 48-72 hours after WIC is informed of delivery; participation on local hospital breastfeeding task forces; bulletin boards designated to breastfeeding information only; referral lists of local breastfeeding support contacts; co-sponsoring a breastfeeding conference for medical providers; and incentives for participants such as a prenatal calendar; contests, T-shirts and bibs. All local programs also received a number of breastfeeding educational and resource materials, e.g. "Breastfeeding Questions and Answers for Teens, A New Mother, A New Baby" pamphlet for Hispanic participants and "Guidelines for Breastfeeding Support", along with consultation and assistance from state staff.

Statewide activities focused on reconvening the Massachusetts Breastfeeding Promotion Task Force which reviewed and provided input on policies, guidelines and educational materials for distribution, as well as initiated the development of a long term plan for community coordination and collaboration of breastfeeding promotion and support. As part of World Breastfeeding Day, radio PSAs, a press release for local newspapers, sample letters for legislators and a new breastfeeding poster were distributed to local programs.

o Coordination with Medicaid

WIC and the Medicaid Program collaborated on a number of ongoing activities in order to facilitate continued program coordination and enrollment of eligible pregnant women, infants and children in the respective programs. A Letter of Agreement (LOA) was signed to enhance present coordination and referrals between the programs.

This LOA includes such activities as: mailings to Medicaid recipients regarding potential WIC eligibility; mailings to pediatricians providing services to Medicaid recipients regarding WIC services; cross-distribution of informational and educational materials; coordination of the provision of special formulas to WIC-Medicaid participants; provision of training to community based staff regarding Medicaid and WIC services; and investigation of the feasibility of developing a form including basic eligibility data for the WIC and Medicaid Programs.

o Outreach

A multi-faceted statewide outreach program was conducted which utilized: radio and television PSAs, train and bus cards and "WIC Works, WIC Cares and WIC Helps" posters and fliers in hospital maternity wards, shelters, health centers, doctors' offices and other public places; review and monitoring of local program High Risk Outreach Plans; facilitation by DPH Healthy Start of enrollment of eligible pregnant women onto WIC by performing Medicaid presumptive eligibility; and distribution of "Tell A Friend" handouts to WIC participants.

In addition, WIC handouts were distributed to 300 Internal Revenue Service (IRS) offices as part of a coordinated effort with the Regional Office of USDA and the Federal government's Earned Income Tax Credit Program and Tax return assistance for low income families

o Retail Store Compliance

WIC staff continued to investigate and disqualify food vendors abusing the WIC Program. Seventy-five vendors, including thirty-six identified as high risk, were investigated and seventeen vendors disqualified as of June, 1992. All of the WIC Program's decisions were upheld. A number of fair hearings for appeals are pending.

o New Banking Services Contract

The Request for Proposal (RFP) for Banking Services was developed during 1991 and advertised for open competitive bid in late March, of this year. Six initial responses were received, and two banks submitted final bids on the proposal. Oral presentations were evaluated and scored by an RFP Review Committee made up of personnel from the WIC state office, the DPH Data Processing Office and the Bureau of Information, Technology and Acquisition in the Executive Office of Administration and Finance. Following an extensive evaluation process, Key Bank of New York, N.A. was awarded the contract. This three year contract was in place as of October 1, 1992.

o USDA Administrator's Award

Together with the other state WIC programs in the USDA Northeast Region, the Massachusetts WIC Program received the United States Department of Agriculture, Food and Nutrition Service Administrator's Citation "For extraordinary regional cooperation in accomplishing program management improvements and saving through information sharing, cooperative procurements and other multi-state actions which benefited all Northeast Region States."





ADMINISTRATION AND MANAGEMENT

To provide leadership within the WIC Program in order to maximize the quality and effectiveness of the delivery of WIC services across Massachusetts.

The primary Administration and Management objectives for FY 93 are:

1. To provide WIC services to 118,525 participants each month in their communities across the state, with mid-year review and revision of supportable caseload as determined by available funding.
  - A. Monitor local program active caseload and caseload distribution to ensure maximum utilization of assigned caseload. Provide appropriate technical assistance to local programs and recommend mid-year reallocation as necessary.
  - B. Monitor food costs in conjunction with other program components to ensure the provision of optimal nutritional benefits at reasonable costs.
  - C. Increase capacity to serve participants at the local program level, including FTEs, staff salaries and MIS WIC 2 equipment, within budgetary constraints.
  - D. Continue to expand participant access to services.
  - E. Continue to coordinate WIC participant services, emphasizing cross referrals and outreach activities at the state and local levels, especially with the maternal and child health programs in the Bureaus of Family and Community Health, with Immunization, AIDS and Substance Abuse, and with community programs in service areas with DPH coordinated community service contracts and the special and federal initiatives, e.g. Healthy Start and Weed and Seed.
2. To continue to improve the efficiency, accountability and usefulness of the EDP system to enhance program management, streamline local program operations and improve staff productivity, increase time for participant-centered nutrition education and health related programming, and improve data availability for nutrition surveillance, program planning, monitoring and evaluation.
  - A. Enhance WIC 2 MIS System.
  - B. Continue review and revision of program procedures to take advantage of the program efficiencies and effectiveness inherent in WIC 2 and new methods of operations.

3. To assure the effective operation of the state agency staff.
  - A. Continue collaboration and coordination among program components.
  - B. Carry out annual performance evaluations for all state WIC agency staff and managers.
  - C. Review state agency staff positions and monitor progress on revised management questionnaires.
  - D. Hire staff according to state affirmative action guidelines to fill funded vacancies as they occur.
4. To continue communication with participants, local WIC programs and interested citizens to ensure participant and community centered services.
  - A. Maintain statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials to provide on-going review, advice and advocacy of the program.
  - B. Utilize state agency internal meeting structure to ensure regular flow of information and integration of program components.
  - C. Continue task forces and regular business meetings to solicit input from and exchange of information with local programs and ensure continuation of an effective, working relationship between local WIC programs and the state WIC office.
  - D. Sponsor a statewide WIC conference for all local agency program staff, state agency staff, WIC advocates and other interested persons.
  - E. Investigate the feasibility of and initiate planning for a WIC Program newsletter geared to local programs.
  - F. Initiate development of and implement a participant survey with regard to the WIC Program.
5. Conduct a cross-sectional, group comparison infant feeding decision making study to enhance local program and state agency staff understanding of the psychosocial aspects of breastfeeding initiation and duration among low income women.
  - A. Prepare a report which summarizes the findings of an extensive literature review regarding the psychosocial aspects of infant feeding decision making and practice.
  - B. Finalize study design and survey tool, conduct and analyze pre-tests, present proposal to DPH and WIC senior staff and DPH Human Subjects Review Committee for approval; interview approximately 100 mothers of WIC infants, analyze data and prepare a report of findings.

PROGRAM

To assure appropriate, quality service to all participants based on federal regulation and state guidelines.

The primary Program objectives for FY 93 are:

1. To standardize efficient, effective local program operations and ensure participant centered services.
  - A. Revise and reformat the Procedure Manual in collaboration with other WIC program components to reflect new state agency policies and procedures designed to improve the effectiveness and efficiency of local program operations and to increase the Manual's utilization by and effectiveness for users.
  - B. Provide training on new or revised state agency policies and procedures.
  - C. Provide technical assistance, as necessary, to increase the effectiveness and efficiency of local program operations.
  - D. Collaborate with Nutrition, Check, Vendors and Systems staff to provide training for new local program staff until the implementation of the Training and Development Center.
  - E. Collaborate with other WIC program components to plan and conduct statewide in-service education programs, including the Fall Paraprofessional In-Service Training Program and the annual Statewide WIC Conference.
  - F. Collaborate with other WIC program components in the development and implementation of a WIC Staff Training and Development Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs statewide.
  - G. Collaborate with Nutrition, Check, Vendors and Systems components in evaluating local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food checks and referrals. Provide consultation and technical assistance responsive to identified needs.



2. To coordinate WIC outreach activities with health and social service agencies that service high risk, WIC eligible populations.
  - A. Conduct an outreach campaign targeted to high-risk individuals to increase the number of Priority 1 participants by 10% from 27,248 in May 1992 to 30,523 in May 1993.
  - B. Monitor progress of activities in local programs' FY 93 Outreach Plans during management evaluations to ensure that local programs are carrying out targeted outreach to Priority 1 populations with an emphasis on adolescents, ancestral and cultural minorities and recent immigrants. Conduct final evaluation of objectives in June, 1993.
  - C. Continue building coordination and referral networks with the Department of Public Welfare's Medicaid, AFDC and Food Stamps Programs.
    - 1) To strengthen coordination efforts with the Medicaid unit of Department of Public Welfare (DPW) through the monitoring of activities in the Letter of Agreement which outlines activities both programs conduct to ensure the existence of coordination and referral networks between the programs.
    - 2) Continue collaboration with DPH Healthy Start and Medicaid to utilize Medicaid presumptive eligibility for WIC prenatal participants.
    - 3) Provide information regarding Food Stamps, AFDC, Child Support Enforcement and Medicaid income eligibility to local WIC programs for distribution to WIC applicants and participants.
  - D. Enhance outreach activities through a statewide multimedia campaign effort, including radio and television public service announcements and the use of car cards on selected bus and train lines.
3. To enhance coordination with health and social services which provide services to the WIC target population.
  - A. Ensure local programs conduct required outreach and coordination with federal programs such as Head Start, Weed and Seed, Healthy Start and DPH programs, such as the maternal and child health programs in the Bureau of the Family and Community Health and the new coordinated community service providers.
  - B. Collaborate with WIC Nutrition and Systems components and the Bureau of Family and Community Health, Office of Nutrition, Division of Statistics and Evaluation and maternal and child health programs to develop and implement procedures for integrating and coordinating the collection and utilization of WIC-MCH client demographic and health data, as well as for the CDC Pediatric and Prenatal Nutrition Surveillance System.



- C. Continue collaboration with Nutrition and the DPH Immunization Program.
    - 1. Collect immunization data on infants and children.
    - 2. Make referrals for age-appropriate immunization
    - 3. Provide assessment of levels of protection
  - D. Collaborate with Nutrition, the DPH Immunization Program and Boston Department of Health and Hospitals, Communicable Disease Control Program in the implementation of the funded components of the CDC Immunization Action Plans to ensure that WIC infants and children are age appropriately immunized.
- 4. To increase participant access to WIC services.
    - A. Continue technical assistance to local programs regarding hours of service, processing times, staffing patterns, on-site anthropometrics and bloodwork capacity.
    - B. Collaborate with Nutrition, Checks, Vendors and system components in the provision of technical assistance for new local programs as well as satellite sites.
    - C. Initiate contact with the Department of Social Services to ensure that infants and children in foster care or protective services are referred for WIC benefits or continuance of WIC benefits.
  - 5. To collaborate with the Massachusetts Department of Food and Agriculture on Massachusetts WIC's 8th year of the Farmer's Market Coupon Program.
  - 6. To review new federal regulations, FNS Instructions and reports and develop and implement new or revised policies, procedures and reports as appropriate.
  - 7. To collaborate with other WIC program components on issues involving local program contracts and capacity for program and nutrition services.
  - 8. To work with Nutrition, Check, Vendors and Systems on development and modifications of WIC food packages and food cost savings as necessary.
  - 9. To collaborate with Systems and with other WIC program components to review, evaluate and enhance current WIC 2 reports on participant demographic and health data, and develop new reports as needed.



- C. Present findings of the study to appropriate audiencies, e.g. USDA, local program and state agency staff.
- 6. To provide leadership and participate in WIC program advocacy and activities on a national level.





# FISCAL YEAR 1993 GOALS AND OBJECTIVES

## PROGRAM

To assure appropriate, quality service to all participants based on federal regulation and state guidelines.

The primary Program objectives for FY 93 are:

1. To standardize efficient, effective local program operations and ensure participant centered services.
  - A. Revise and reformat the Procedure Manual in collaboration with other WIC program components to reflect new state agency policies and procedures designed to improve the effectiveness and efficiency of local program operations and to increase the Manual's utilization by and effectiveness for users.
  - B. Provide training on new or revised state agency policies and procedures.
  - C. Provide technical assistance, as necessary, to increase the effectiveness and efficiency of local program operations.
  - D. Collaborate with Nutrition, Check, Vendors and Systems staff to provide training for new local program staff until the implementation of the Training and Development Center.
  - E. Collaborate with other WIC program components to plan and conduct statewide in-service education programs, including the Fall Paraprofessional In-Service Training Program and the annual Statewide WIC Conference.
  - F. Collaborate with other WIC program components in the development and implementation of a WIC Staff Training and Development Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs statewide.
  - G. Collaborate with Nutrition, Check, Vendors and Systems components in evaluating local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food checks and referrals. Provide consultation and technical assistance responsive to identified needs.

2. To coordinate WIC outreach activities with health and social service agencies that service high risk, WIC eligible populations.
  - A. Conduct an outreach campaign targeted to high-risk individuals to increase the number of Priority 1 participants by 10% from 27,248 in May 1992 to 30,523 in May 1993.
  - B. Monitor progress of activities in local programs' FY 93 Outreach Plans during management evaluations to ensure that local programs are carrying out targeted outreach to Priority 1 populations with an emphasis on adolescents, ancestral and cultural minorities and recent immigrants. Conduct final evaluation of objectives in June, 1993.
  - C. Continue building coordination and referral networks with the Department of Public Welfare's Medicaid, AFDC and Food Stamps Programs.
    - 1) To strengthen coordination efforts with the Medicaid unit of Department of Public Welfare (DPW) through the monitoring of activities in the Letter of Agreement which outlines activities both programs conduct to ensure the existence of coordination and referral networks between the programs.
    - 2) Continue collaboration with DPH Healthy Start and Medicaid to utilize Medicaid presumptive eligibility for WIC prenatal participants.
    - 3) Provide information regarding Food Stamps, AFDC, Child Support Enforcement and Medicaid income eligibility to local WIC programs for distribution to WIC applicants and participants.
  - D. Enhance outreach activities through a statewide multimedia campaign effort, including radio and television public service announcements and the use of car cards on selected bus and train lines.
3. To enhance coordination with health and social services which provide services to the WIC target population.
  - A. Ensure local programs conduct required outreach and coordination with federal programs such as Head Start, Weed and Seed, Healthy Start and DPH programs, such as the maternal and child health programs in the Bureau of the Family and Community Health and the new coordinated community service providers.
  - B. Collaborate with WIC Nutrition and Systems components and the Bureau of Family and Community Health, Office of Nutrition, Division of Statistics and Evaluation and maternal and child health programs to develop and implement procedures for integrating and coordinating the collection and utilization of WIC-MCH client demographic and health data, as well as for the CDC Pediatric and Prenatal Nutrition Surveillance System.

- C. Continue collaboration with Nutrition and the DPH Immunization Program.
    - 1. Collect immunization data on infants and children.
    - 2. Make referrals for age-appropriate immunization
    - 3. Provide assessment of levels of protection
  - D. Collaborate with Nutrition, the DPH Immunization Program and Boston Department of Health and Hospitals, Communicable Disease Control Program in the implementation of the funded components of the CDC Immunization Action Plans to ensure that WIC infants and children are age appropriately immunized.
- 4. To increase participant access to WIC services.
    - A. Continue technical assistance to local programs regarding hours of service, processing times, staffing patterns, on-site anthropometrics and bloodwork capacity.
    - B. Collaborate with Nutrition, Checks, Vendors and system components in the provision of technical assistance for new local programs as well as satellite sites.
    - C. Initiate contact with the Department of Social Services to ensure that infants and children in foster care or protective services are referred for WIC benefits or continuance of WIC benefits.
  - 5. To collaborate with the Massachusetts Department of Food and Agriculture on Massachusetts WIC's 8th year of the Farmer's Market Coupon Program.
  - 6. To review new federal regulations, FNS Instructions and reports and develop and implement new or revised policies, procedures and reports as appropriate.
  - 7. To collaborate with other WIC program components on issues involving local program contracts and capacity for program and nutrition services.
  - 8. To work with Nutrition, Check, Vendors and Systems on development and modifications of WIC food packages and food cost savings as necessary.
  - 9. To collaborate with Systems and with other WIC program components to review, evaluate and enhance current WIC 2 reports on participant demographic and health data, and develop new reports as needed.





## FISCAL YEAR 1993 GOALS AND OBJECTIVES

### NUTRITION

To assure the delivery of high-quality nutrition services to all WIC participants.

The primary Nutrition objectives for FY 93 include:

1. To ensure the quality and effectiveness of nutrition services.
  - A. Monitor and evaluate the integration of bilingual and bicultural nutrition staff and the provision of culturally-appropriate nutrition services in local programs, and provide technical assistance and consultation as needed.
  - B. Provide leadership and support to the WIC Multicultural Task Force and the WIC-MCH Nutrition Education Task Force.
    1. Develop new nutrition education materials; evaluate and recommend nutrition education materials/videos.
    2. Translate and revise nutritional assessment tools, staff training materials and participant educational materials for cultural appropriateness.
    3. Review and update the EMPOWER Manual, including a section on standards for nutrition education materials in languages other than English.
  - C. Complete the development and implementation of training materials and required competencies for local program paraprofessionals so as to achieve CPA I and II status (Competent Professional Authority for certifying low-risk participants).
  - D. Review, evaluate and monitor the implementation and progress of local WIC program Nutrition Education Action Plans.
  - E. Review and revise the WIC food package system to assure appropriate and optimal nutrition benefits for all participants at reasonable costs, in collaboration with other program components.
    1. Modify WIC food packages to reflect the 1989 National Research Council's Recommended Dietary Allowances and incorporate new WIC foods.

2. Monitor the food package prescriptions to ensure appropriateness regarding participant nutritional needs.
  3. Plan, implement and evaluate the new breastfeeding womans' food package.
- F. Plan and conduct statewide training, in-service education and staff development programs.
1. Collaborate with other WIC program components to plan and conduct statewide in-service education programs, including the Fall Paraprofessional In-Service Training Program, the annual Statewide WIC Conference and Spring WIC-MCH Nutritionist Continuing Education Seminars.
  2. Collaborate with Program, Check, Vendors and Systems staff to provide three training sessions for new local program staff.
  3. Collaborate in the development and implementation of a WIC Staff Training and Development Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs statewide.
  4. Collaborate and coordinate with local colleges and universities to meet continuing education needs of WIC nutrition staff, recruit new nutrition staff, and investigate strategies for nutrition staff to complete requirements for dietetic registration.
  5. Collaborate and coordinate with WIC Program and Systems staff and the Bureau of Family and Community Health, the Office of Nutrition and Division of Statistics and Evaluation in the collection and utilization of data for the CDC Pediatric and Prenatal Nutrition Surveillance System, as well as integration and utilization of WIC-MCH demographic and health data.
- G. Provide technical assistance and consultation to local program nutrition staff in utilizing WIC 2 nutrition reports and CDC nutrition surveillance reports.
- H. Review and revise State Plan nutrition guidelines and nutrition staff training modules and protocols and WIC Food Package Tailoring Guide to reflect changes from WIC 2, new federal regulations and FNS Instructions as they affect nutritional assessment, nutritional risk identification, food package prescription, counseling and education and referrals.
- I. Collaborate with the Nutrition, Check, Vendors and Systems components in monitoring and evaluating local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food checks and referrals. Provide consultation and technical assistance responsive to identified needs.

2. To enhance State and local program breastfeeding promotion and support efforts and improve breastfeeding rates and breastfeeding duration among new WIC mothers.
  - A. Plan, develop and implement a long-term statewide breastfeeding promotion plan which includes: 1) coordination and collaboration with appropriate community programs and agencies; 2) incentives for participants; and 3) aggressive education and training for all WIC staff.
  - B. Increase the number of breastfed infants (number of breastfeeding women divided by total number of infants) from 16.5% to 19% by June 30, 1993.
  - C. Monitor breastfeeding rates and the provision of breastfeeding activities in local programs through review of Nutrition Education Action Plans and local program management evaluations.
  - D. Provide technical assistance, consultation, training and resources to local programs to assist in breastfeeding promotion and education activities.
  - E. Provide leadership and support to the statewide WIC Breastfeeding Task Force in their goal to: 1) provide training for staff, establish a peer counselor program, and coordinate efforts with hospital and other health care providers; 2) spearhead local task forces to implement and coordinate activities; and 3) review and recommend breastfeeding training and participant education materials.
  - F. Collaborate in the analysis of the research study, "Infant Feeding Practices in the WIC Program".
  - G. Collaborate with other programs in the Bureau of Family and Community Health to complete the DPH Breastfeeding Policy Statement.
3. To collaborate and integrate with other programs to assure the provision of quality nutrition services and referrals.
  - A. Collaborate with other DPH maternal and child health programs in the Bureau of Family and Community Health, Division of Substance Abuse and the AIDS Office to provide quality services, educational materials and referral information
  - B. Continue coordination and collaboration efforts with Medicaid and DPH Office of Nutrition in the provision of specialized medical formulas to WIC-Medicaid participants
  - C. Continue collaboration with Program and Systems and with the DPH Immunization Program.
    1. Collect immunization data on infant and children.
    2. Make referrals for age-appropriate immunization.
    3. Provide assessment of levels of protection.

- D. Collaborate with the DPH Immunization Program and Boston Department of Health and Hospitals, Communicable Disease Control Program in the implementation of the funded components of the CDC Immunization Action Plans to ensure that WIC infants and children are age appropriately immunized.
  - E. Participate on DPH task forces and work groups that contribute to the provision and integration of quality nutrition services and referrals.
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- 4. To collaborate with the Fiscal, Program, Check, Vendors and Systems components on issues involving local program contracts and capacity for program and nutrition services.
  - 5. To collaborate with other WIC program components to review, evaluate and enhance WIC 2 reports and develop new ones as needed.
  - 6. To revise and reformat the Procedure Manual in collaboration with other WIC program components to reflect new state policy and procedures and to increase its utilization by and effectiveness for users.



FISCAL

To maximize utilization of available funds and ensure timely and accurate receipt, disbursement and accounting of all funds used to support WIC services throughout Massachusetts.

The primary Fiscal objectives for FY 93 are:

1. To monitor food costs and modify food checks and packages in conjunction with the Program, Nutrition, Check, Vendors and Systems components to provide optimal nutritional benefits at a reasonable cost.
  - A. Maintain and enhance the automated system for projecting and tracking food costs in order to monitor inflation, project participation, and make predictions on the basis of available data.
  - B. Maintain the system which incorporates infant formula rebate dollars and expenditures into the system for tracking food costs and expenditures, and modify as necessary.
  - C. Prepare an annual report that (a) summarizes the fiscal year's food cost experience in aggregate and by food type, (b) places this experience in the context of previous fiscal years, and (c) forecasts food costs and highlights monitoring issues for the upcoming fiscal year.
  - D. Conduct a brief, representative survey of WIC participants to determine their food preferences so that food cost forecasting can be done more accurately.
2. To insure proper, precise and timely disbursement of funds for contracted services.
  - A. Prepare and monitor transfer of weekly drawdowns of federal funds.
  - B. Prepare 498 reports for timely submission; continue to refine computerized system.
  - C. Prepare for new WISE system of federal reports.
  - D. Maintain standard property management/inventory procedures in local agencies.
  - E. Implement, maintain and monitor new banking services contract and integrate with WIC 2 and vendor management automation. Arrange for timely audit of contract.

- F. Monitor state FY 93 local agency contracts and develop and implement state FY 93 amendments and state FY 94 local agency contracts, coordinating with Program, Nutrition, Check, Vendors and Systems components on such issues as staffing patterns, operations, salary levels and computer equipment for all local program staff.
  - G. Provide technical assistance to local agencies on fiscal and contractual issues affecting the support of direct services, nutrition, and other program operations.
  - H. Work with DPH Purchase of Service-(POS) office to ensure that all potential WIC contractors meet requirements for local program contracts.
3. To maintain internal systems for recording and projecting state agency fiscal activities, and modify as necessary.
- A. Work with DPH Budget, POS and Accounting offices to continue monthly analyses of expenditures and allocations and make line item adjustments to the budget or modify operations as necessary.
  - B. Maintain property management/inventory control procedures at the state agency.
  - C. Maintain a WIC automated accounting system.
  - D. Amend written operating procedures for WIC state agency fiscal activities as mandated by policy and procedural changes as necessary.
  - E. Collaborate with Systems to monitor and modify, as needed, actual and planned expenditures for computer equipment and software, e.g. state AF-29 plans and approvals and federal APD plans and approvals.
  - F. Collaborate with other WIC program components to review, evaluate and enhance WIC 2 reports and develop new reports as needed.
4. To sustain the analyses and monitoring of local program budgets, obligations and expenditures.
- A. Utilize budget and expenditure report analyses to make recommendations on local agency budgets, salary schedules, staffing patterns and computer equipment needs and review all data with Nutrition, Program, Vendors, Check and Systems staff.
  - B. Conduct state FY 93 local program salary survey using state FY 93 contract budget data and develop reasonable marketplace salary levels for WIC positions; use this data to increase local program salaries to minimize staff turnaround and vacancies as fundable.
  - C. Implement fiscal reviews of local program contracts as required in the USDA/FNS/NERO Expenditure Validation Review per A-133 requirements.

5. Collaborate with other WIC program components on the development and implementation of a WIC Staff Training and Development Center and new local program staff trainings, review and enhancement of WIC 2 reports, and reformatting of the Procedure Manual.
6. To review pertinent new federal regulations, FNS Instructions and reports and develop and implement new or revised policies, procedures and reports as appropriate.
7. To monitor the infant formula price enhancement contract begun July 1, 1991.
  - A. Continue to analyze federal regulations and guidelines and modify system as necessary.
  - B. Maintain accounting system to track receipt and expenditures of infant formula rebate dollars.
  - C. Maintain and monitor methodology for preparing the federal monthly 498 report; prepare for change to new report.
  - D. Maintain billing system for infant formula price enhancement system.
  - E. Monitor issuance of standard, non-contract prescription formula on an ongoing basis.
  - F. Monitor vendor and check prices on contracted infant formula and prepare and present analysis of infant formula purchase trends.
  - G. Integrate infant formula costs and rebate into the overall system for tracking and projecting food costs.
8. To continue to minimize food costs for the Massachusetts WIC Program.
  - A. Explore the feasibility of other cost containment strategies for other WIC food items and, as feasible, implement appropriate strategies.
  - B. Collaborate with other program components on WIC food package development, issues and changes.
9. To monitor local program costs and prepare an annual report that (a) breaks down costs by major components, (b) analyzes the variation in reimbursement per participant among local program, e.g. presence of economies and/or diseconomies of scale, and (c) can be used as a framework for funding local programs to achieve desired service delivery outcomes.
  - A. Maintain automated system that collects, aggregates and sorts local program data.

- B. Maintain and enhance the automated statistical format used to analyze variation in reimbursement per participant among local programs.
  - C. Develop a report format that can be updated annually, or as reimbursement to local programs are adjusted.
10. To plan and develop a revised or new methodology for allocating funds to local WIC programs by July 1, 1993.



VENDORS

To deliver food cost-effectively to WIC participants through well-enforced agreements with retail food stores, pharmacies and dairies

The primary Vendors objectives for FY 93 are:

1. To monitor vendors to determine highest risk vendors and to investigate all identified as high risk and sanction as appropriate.
2. To develop a Request for Proposal, let and award a contract for a software program which automates and links vendor management to the WIC 2 MIS. Collaborate with Systems to develop and implement the WIC 2 vendor management enhancement, and adapt related state agency and local program vendor operations.
3. To enhance relations and communications with WIC vendors through quarterly newsletters and regional training sessions.
4. To collaborate with the Regional Food Stamp office on linkage with national Food Stamp database and joint Food Stamp/WIC investigations.
5. To participate in implementation, maintenance and monitoring of the new banking services contract.
6. To implement new federal vendor regulations when final, as well as to review other new pertinent regulations, policies and procedures and develop and implement new or revised policies as appropriate.
7. To collaborate with other WIC program components to train and assist local program staff.
  - A. Participate in the development and implementation of a WIC Staff Training and Development Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs Statewide.
  - B. Collaborate with Nutrition, Program, Check and Systems staff to conduct training sessions for new local program staff until the implementation of the new Staff Training and Development Center.
8. To participate in the investigation of the feasibility of developing and implementing electronic benefit transfer.
9. To work with other WIC program components on development of new food packages, modifications to existing packages and food cost savings issues as needed.

10. To collaborate with other program components on issues involving local programs, including WIC contract and capacity issues regarding program and nutrition services.
11. Revise and reformat Procedure Manual with other WIC program components to reflect new state agency policy and procedure and to increase its utilization by and effectiveness for users.
12. Collaborate with other WIC program components to review, evaluate and enhance WIC 2 reports and develop new reports as needed.

CHECK SYSTEMS

To maintain and enhance Check Systems and the WIC 2 Management Information System to 1) provide timely and accurate WIC checks to participants, 2) increase local program service capacity, and 3) enhance management reports and accountability for WIC checks.

The primary Check Systems objectives for FY 93 are:

1. To implement and maintain efficient and effective check stock systems at the state agency.
  - A. Collaborate with banking services, check storage and delivery service to establish and maintain systems for delivering check stock to local programs and tracking number of deliveries for billing purposes.
  - B. Maintain the system for tracking the amount of check stock stored at local programs and the specific check ranges that are delivered to local programs for accountability purposes.
2. To standardize check/check stock accountability procedures at local programs to ensure the delivery of efficient, accurate and client centered services to participants.
  - A. Revise and reformat the Procedure Manual with other WIC program components to reflect new state agency policies and procedures and to increase its utilization by and effectiveness for users.
  - B. Provide training to both new and existing local program staff.
    1. Collaborate with Nutrition, Program, Vendors and Systems staff to conduct training sessions for new local program staff until the implementation of the Staff Training and Development Center.
    2. Develop and revise training materials to reflect enhanced policies and procedures.
    3. Collaborate with other WIC program components in the development and implementation of a WIC Staff Training and Development Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs statewide.
  - C. Provide technical assistance to local programs which demonstrate a need for clarification in specific areas of check accountability procedures. Programs will be targeted for technical assistance through use of monthly and daily mainframe reports, review of help desk logs, site visits or upon request from the local program.

- D. Collaborate with the Nutrition, Program and Systems components in evaluating Local Programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food checks and referrals. Provide consultation and technical assistance responsive to identified needs.
- E. Assist with problems/questions that come into the Help Desk.
- 3. To enhance new and maintain existing check accountability and control procedures.
  - A. Review the daily Multiple Issuance Report and contact any local programs that have participants listed. Conduct followup as necessary.
  - B. Send the mainframe Monthly Dual Participation Reports to local programs within five business days of production; review reports as they are received from local programs. Standardize appropriate responses to these reports.
  - C. Revise and implement procedures for the Stop Payment process for all local WIC programs.
  - D. Coordinate with the Multicultural Task Force to translate the Stop Payment Form into the following languages: Thai, Khmer, Laotian, Chinese, Portuguese, French and Russian.
  - E. Ensure the proper use of void codes by sending local programs the monthly report that lists voided checks presented to the Bank for payment. Establish a statistical norm for void code "H" (in hand) and followup with any programs that exceed that norm.
- 4. To support the smooth functioning of the WIC 2 MIS.
  - A. Review daily mainframe edit and reject reports in a timely manner. Contact local program to resolve any problems.
  - B. Distribute daily and monthly reports to appropriate state staff.
  - C. Help develop procedures for ensuring that the appropriate reports are fished and other reports discarded in a timely manner.
- 5. To collaborate with other program components on issues involving local program contracts and capacity for program and nutrition services during FY 93.
- 6. To collaborate with Nutrition, Program, Vendors and Systems on development of new food packages, food cost savings and other food package changes as necessary.
- 7. To collaborate with other WIC program components to review, evaluate and enhance WIC 2 reports and develop new reports as needed.



## FISCAL YEAR 1993 GOALS AND OBJECTIVES

### SYSTEMS

To provide timely and accurate data on WIC participants, checks and funds to facilitate management, accountability and planning.

The primary Systems objectives for FY 93 are:

1. To continue collaboration with DPH Systems staff, Office of Management Information Systems (OMIS), USDA/NERO, Center for Disease Control (CDC) and other WIC program components on planning enhancements to WIC 2 system.
  - A. Collaborate with Nutrition, Program, Vendors and Check components on WIC 2 enhancements, policies, procedures, operations and reports.
  - B. Collaborate with Program and Nutrition components and the Bureau of Family and Community Health to link and share WIC-MCH client demographic and health data.
  - C. Continue to provide prenatal and pediatric data to CDC Pediatric and Prenatal Nutrition Surveillance System.
  - D. Develop reports based on CDC data for local WIC programs.
2. To maintain consultation with users of WIC 2.
  - A. Coordinate MIS Work Group of local program staff.
  - B. Coordinate MIS Planning Group of state agency staff.
  - C. Ensure that local programs are kept informed about changes to WIC 2.
  - D. Collaborate with users to review, evaluate and enhance current WIC 2 reports and develop new reports as needed.
  - E. Continue to ensure thorough documentation of WIC 2.
3. To continue installation and maintenance of hardware, software and networks at local programs and state agency as needed.
  - A. Prepare new sites for installation.
  - B. Install software and hardware.
  - C. Monitor and adjust networks as needed.

- D. Provide technical and application support to local programs.
- E. Maintain inventory of state and local MIS equipment and provide to Fiscal component
- 4. To provide training, technical assistance and training materials to WIC 2 users.
  - A. Continue to provide follow-up training and support, including a hotline number and Help Desk, as needed.
  - B. Collaborate with other WIC program components in the development and implementation of a WIC Staff Training and Development Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs statewide.
  - C. Collaborate with Nutrition, Program, Check and Vendors staff to conduct training sessions for new local program staff until the implementation of the Training and Development Center.
  - D. Participate in local program site visits to review security procedures and provide reports for local program management evaluations.
- 5. To maintain smooth operation of WIC 2, including software and equipment at the local programs and at the state agency and software and databases at OMIS.
  - A. Continue to review processing and output of WIC 2 to ensure that it meets state agency and local program needs.
  - B. Provide program changes, as needed, in ADABAS, COBOL and Clipper.
  - C. Modify new immunization system to correspond to changing demands in collaboration with Program and Nutrition staff.
  - D. Monitor links between mainframe and PC systems.
  - E. Update WIC 2 documentation, as needed.
  - F. To collaborate with other WIC program components on: the development and implementation of food package changes; the implementation, maintenance and monitoring of the new banking services contract; and issues involving local program contracts and capacity for program and nutrition services.
- 6. To monitor and modify, as necessary, actual and planned expenditure for computer equipment and software, e.g. state AF'29 plans and approvals and federal APD plans and approvals.
- 7. To participate in the investigation of the feasibility of developing and implementing electronics benefit transfer.
- 8. To review pertinent new federal regulations, FNS Instructions and reports and develop implement new or revised policies, procedures and reports as appropriate.

8. To review pertinent new federal regulations, FNS Instructions and reports and develop and implement new or revised policies, procedures and reports as appropriate.





ADMINISTRATION AND MANAGEMENT

The primary Administration and Management objectives for FY 92 were:

1. To provide WIC services to 91,500 participants each month in their communities across the state, with mid-year review and revision of supportable caseload as determined by available funding.

Ongoing. Assigned caseload a month was increased to 98,500 during the fall of 1991 as a result of \$3.14 mil. in new state funds and then, to 98,500 and 109,800 due to increased federal food funds and level food cost inflation. Together with low inflation, an additional \$4.8 mil. increase in state funding for the fiscal year beginning July 1, 1992 resulted in the assignment of an additional 8,725 cases, bringing caseload to 118,525.

Following the caseload allocations during FY 92, active participation increased steadily each month to an estimated 103,586 in June and is expected to reach the level of 109,800 in September. Demand for WIC has been extremely strong, reflecting depressed economic conditions. In order to attain the FY 92 projected increase in caseload of 18,500, the Program conducted a variety of outreach activities designed to maximize the level of services.

Active participation beginning July 1, 1992 was 105,903 (19,275 women, 26,555 infants, and 60,073 children) and reflects continued emphasis on services to high risk and minority populations: Priority 1: 26.2%; Priority 2: 11.5%; and Priority 3: 31.9%. 20.3% of participants are Black, 26.8% are Hispanic, and 6% are Asian/Pacific. Less than fifty percent of participants are White.

- A. Continue to coordinate WIC outreach and referrals with other health and social services at the state and local level, particularly with regard to high priority, high risk participants.

Ongoing. Outreach and referral activities were conducted separately as well as in coordination with other DPH pediatric and prenatal programs and continued with Medicaid, Department of Public Welfare. Specifically,

- completion and distribution statewide of radio and TV PSAs, read by TV personalities as well as by bilingual, bicultural participants.
- continued placement of car cards for use in the MBTA buses and subways as well as other local bus companies.
- distribution of posters and flyers announcing available WIC enrollments in communities.
- mailings to OB/GYN and pediatric doctors, hospitals' nutrition and social services departments, and Medicaid recipients.
- continued insertion of WIC medical referral forms and other literature in packets mailed by the Healthy Start Program to prenatals in the Healthy Start and Medicaid Programs.
- review of High Risk Outreach Plan and monitoring of progress on activities at site visits.

- facilitation by Healthy Start staff of enrollment of Medicaid eligible pregnant women onto WIC by performing Medicaid presumptive eligibility, thereby expediting WIC income eligibility and access to health care.

Several health and social service programs provided speakers for WIC business meetings to continue our emphasis on cross referrals between programs. These programs, in addition to DPW Medicaid, include the Boston Healthy Start Project, DPH Immunization and the U.S. Social Security Administration, Policy and Procedures, Northeast Regional Office.

See Program 2A for additional outreach activities.

B. Monitor caseload activity and distribution among catchment areas.

Ongoing. Caseload activity is monitored monthly and the WIC 2 system provides current data on participation in each service area.

During the FY 92 expansion and FY 93 recontracting process, local WIC program caseload assignments were reviewed, and each program's capacity to fill current or additional caseload slots - while maintaining program quality - was considered, as determined by recent case management histories and growth trends. A main objective of caseload allocation was to gain equity in services among local programs and to provide caseload so that local programs could serve all WIC Priority Groups.

See Program 1A.

C. Increase capacity to serve participants at the local program level, including FTEs and staff salaries, within budgetary constraints.

Ongoing. The overall staff-to-participant ratio average was increased to 1:268 from 1:251 for FY 93 recontracting and amendments in order to take advantage of increases in productivity due to the new WIC 2 MIS. At the same time, nutritionist staff to participant ratios were improved to 1:944 from 1:998. Additional caseload was allocated to local WIC programs with necessary support monies at the FY 92 average funding per participant, and local programs funded at less than the state FY 92 average funding per participant received increased funding to raise them up to that average. Appropriate staff and salary as well as other operating requirements, such as rental of new or expanded space, to support the new caseload were delineated and added as appropriate. Funds were also provided in FY 93 to support the Farmer's Market Program. Overall, FTEs were increased by 83 from FY 91 to FY 93 and average funding per participant was increased to \$118.00.

D. Expand participant access to services.

Ongoing. Major activities undertaken in this area in FY 92 include the following:

- The full implementation of WIC 2 at the majority of local programs has contributed significantly to streamlining local program operations, thereby increasing time for participant services.
- WIC 2 conversion has meant that checks are now distributed on a tri-monthly basis. With the exception of those exhibiting high risk, participants pick up checks for three months at a visit. Local programs report that this initiative has been favorably received by participants and has eased local program capacity.
- Continued emphasis on the local agencies' recruitment and hiring of appropriate bilingual/bicultural staff to increase participant access to service. (See Attachment C).
- Extended clinic hours at local WIC programs to accomodate WIC participants who work. As a result of the FY 93 Request for Proposals, local WIC programs are now required to provide early morning or evening hours for their participants.
- Development and implementation of an initiative which provides WIC services to eligible incarcerated women. This project, "Women in Prisons", is being operated by the Framingham WIC Program in coordination with the Department of Corrections at MCI-Framingham and its prenatal community and case management program, "Catch the Hope". The Project provides WIC nutrition education and counseling to eligible women while in prison and arranges WIC assessment, certification, food checks and referrals to local WIC programs immediately prior to their release.
- Continued distribution of numerous outreach materials designed to notify potential participants of their eligibility such as car cards for use in buses and subways, posters, flyers, brochures, and radio and television PSAs.
- Continued coordinated efforts with the Department of Welfare, especially the Medicaid, AFDC, Food Stamps and Housing units, serve to inform individuals of their eligibility for WIC. The lack of knowledge regarding WIC is viewed as a barrier to services.



- WIC staff continues to work closely with the maternal and child health programs within the Massachusetts Department of Public Health to ensure early access to WIC services by prenatal women and infants. These include the Healthy Start Program which has an active outreach to prenatals and serves to certify women as presumptively eligible for Medicaid. All Healthy Start and Medicaid women are referred to WIC with subsequent follow-up by Healthy Start to make sure that they are receiving WIC benefits. The Perinatal Community Initiative Project (PCIP) conducts outreach to women in neighborhoods with high infant mortality rates. These individuals are also referred to WIC. WIC and MCH nutritionists, who are colocated, continue to utilize the combined certification and assessment forms for prenatals.
  - Planned opening of 22 new local program satellite sites in places which were not previously served directly, in order to provide increased participant access on a geographical basis.
  - The Massachusetts WIC Program provided ongoing support for the Family Outreach Van, an innovative vehicle-based community outreach service designed to combat infant mortality by bringing services to the streets of Boston by providing and coordinating local WIC program nutrition assistants materials and equipment. The local WIC programs involved in the project are the South End, Dorchester/Roxbury, So. Dorchester/Roslindale and Roxbury with others to be phased in. Goals of the Van Project include educating and counseling women and their partners about reproductive health issues, advocating for women who have had difficulty gaining access to the health care system, referring women to appropriate community agencies and using cost-effective medical screening techniques for pregnant women and their partners. Draft referral forms, appointment letters, policies and procedures have been developed and the Van has been supplied with WIC nutrition education, referral and outreach materials. State WIC nutrition staff coordinate staffing and provided training of local program Nutrition Assistants on van procedures and coverage.
- E. Continue to enhance coordination of WIC participant services, emphasizing cross referrals, eligibility procedures and joint outreach activities within the Department of Public Health, especially with the maternal and child health programs in the Bureaus of Parent Child and Adolescent Health (PCAH) and Community Health.

Ongoing. MCH nutritionists continue to coordinate WIC certifications and nutrition counseling for WIC-MCH participants at community health centers. The WIC-MCH Nutrition Education Task Force developed and revised materials for nutrition assessment and education use. MCH nutritionists participate in WIC new staff training.



WIC nutrition staff attended the Maternal and Child Health (MCH) Business Meetings to provide WIC updates, and the DPH MassCHIP Information and Referral subcommittee meetings to present information on the use of WIC 2 data collection for referrals.

WIC nutrition staff collaborated with DPH representatives to incorporate CDC nutrition Surveillance into WIC 2 and review and revise preliminary reports.

WIC staff serve on numerous departmental work groups and task forces, which facilitates integrated service delivery. The groups include the Refugee Health Advisory Committee, Committee for Culturally and Linguistically Relevant Health Education, Infant Mortality Internal Work Group, Health Indicator Project Advisory Group, Nutrition Surveillance Working Group, WIC-MCH Nutrition Education Task Force, Perinatal Media Work Group and the Massachusetts Community Health Information Project (MassCHIP).

WIC collaboration with the DPH Immunization Program resulted in the development and implementation of an automated immunization tracking, forecasting, assessment and followup system as part of the WIC 2 MIS. Training was provided by WIC and the Immunization program to local WIC program staff. Pamphlets, posters, informational flyers, shot records and additional information and materials are provided to local programs for education use with participants.

WIC Program staff served on the DPH Perinatal Media Committee which developed and distributed to community programs a 1-800 Help Line Directory of DPH, DPW and other pertinent hotlines for use in referring potential participants for appropriate services.

2. To improve the efficiency, accountability and usefulness of the EDP system to enhance program management, streamline local program operations and improve staff productivity, increase time for participant-centered nutrition education and health related programming, and improve data availability for nutrition surveillance, program planning, monitoring and evaluation.

- A. Finalized implementation of WIC 2 - the new EDP system as outlined in the federal Systems Project Plan and contracted for with Andersen Consulting.

Design, development, testing and review of programming for WIC 2 was completed in FY'91 by Andersen Consulting, with significant input by WIC Program staff. Concomitantly, planning for implementation and conversion from the old system to the new at local WIC programs was carried out, including staff from each local program visiting a demonstration site to view WIC 2 in operation and to gain "hands on" experience, hardware installation, development of the WIC 2 user manual, and other preparation and intensive training of local staff immediately prior to and during the actual local program conversions.

During the winter of 1991, three local programs served as pilot conversion programs. Following each pilot, assessments were taken, errors corrected and changes made to both the computer program and related local program activities. Given these and subsequent local program conversion experiences, technical assistance with regard to operations, participant flow and staff assignment was provided to local programs still to be converted in order to improve preparation. Training teams comprised of state staff from all WIC program components worked closely with each local program, before and during conversion, to deal with issues arising after conversion, and the Help Desk which has an 800 number is staffed continually. Throughout this process, the MIS Work Group, comprised of local WIC program staff and state staff, met to discuss issues, resolve problems and plan the ongoing WIC 2 implementation process. Updates on WIC 2 implementation were provided and the local program conversion experiences discussed at local program business meetings. At the state office level, review and correction of WIC 2 data and reports was ongoing, and the program file was updated at the local program level to include changes and improvements.

Following the pilot program conversions, conversions of the remaining thirty-three programs to WIC 2 were phased in. The conversion process was completed as of December 1, 1991.

State staff was involved intensely in all phases of the WIC 2 process, including training and conversion of local programs in order to gain knowledge of and expertise in the day to day working of the system and to better provide local programs technical assistance, as well as to save money. Such involvement in the conversion process was strenuous but most worthwhile. One benefit of this involvement is further information on local program operations which, together with input from local program staff, will begin to revise program standards and procedures in order to take full advantage of the efficiencies and cost effectiveness inherent in the new system. Another benefit is the targeting of technical assistance to local programs from state staff. Implementation of WIC 2 is an ongoing process.

Enhancements to WIC 2 have occurred, beginning with a cost effective adaptation of another WIC program immunization data system for use in Massachusetts. Documentation, tracking and forecasting of immunization will facilitate immunization of children and provide improved data on immunization rates. The Massachusetts adaptation involved redesign and programming in order to integrate immunization into WIC 2 so as to avoid separate sign on and off and to provide a consolidated source of health data. Immunization entailed design changes to update the program to CDC specifications, thorough testing of software, pilot projects, installation onto the microcomputer system at local programs, and training local program staff on the new system. As such, immunization was a major enhancement to WIC 2 which consumed significant WIC staff time and effort.

At the same time as Massachusetts WIC was adapting and implementing WIC 2 MIS, the Program experienced unprecedented growth and expansion in assigned caseload and active participation due to level food cost inflation and increased federal and state funding. Since December, 1990 through June, 1992, active participation expanded from a monthly rate of 77,151 by an estimated 26,435 to a projected monthly rate of 103,586. Active participation is projected to attain 109,800 by late September, 1992 and 118,400 by July 1, 1993. As a result throughout FY'91 and '92, the WIC 2 effort has included installation of additional hardware to support this increased participation and cost efficient, effective operations.

Planning of other WIC 2 enhancements is underway, with an APD Update in process. The Update will outline several improvements, the first being vendor management and archive retrieve and future planned enhancements including state office automation, food package flexibility, removal of the state office platform and nutrition automation. Design of a scheduling component is complete, but implementation will await other states' development to see if transfer of programming is more appropriate. Additional hardware needs to meet increased demand from additional participation and replacement will also be delineated.

WIC 2 is a decentralized, distributed system which integrates the state mainframe with local program microcomputers and prints food checks at local WIC programs. It has increased local program productivity, improve the accuracy, accountability and timeliness of WIC checks, generate data consistent with the statewide nutrition surveillance, CDC, and other data system. The result is expanded capacity to serve greater numbers of eligible participants as well as improved healthcare and nutrition planning, evaluation and management.

- B. Review and revise program procedures to take advantage of the program efficiencies and effectiveness inherent in the new method of operations.

In process. Staff evaluated the observations made of program operations by WIC 2 conversion team members, and has formulated new procedures related to participant flow, security, accountability, provision of nutrition education and staff deployment.

- C. Maintain current EDP system with modifications as necessary and practical.

Completed. See Systems 4 and 7.



3. To collaborate with Parent, Child and Adolescent Health, Community Health and Epidemiology and Immunization Services as well as AIDS Health on coordinated community services, immunization, AIDS and related nutrition issues for women, infants and children.

Ongoing. WIC staff continues to collaborate with DPH programs on departmental community activities, including the coordinated community services initiative and immunization program activities.

4. To continue coordination of participant services and referrals with the Department of Public Welfare regarding Medicaid, AFDC and Food Stamps.

- A. Finalize intragency memorandum of understanding with Medicaid and continue to initiate activities as necessary.

Ongoing. WIC and the Medicaid program continue to collaborate on a number of activities, which are ongoing, to facilitate program coordination and enrollment of eligible pregnant women, infants and children in the respective programs. A Letter of Agreement (LOA) is in final draft form and is designed to further enhance coordination and referral networks between both programs. This LOA includes such activities as:

- collaboration with Healthy Start regarding utilization of Medicaid presumptive eligibility for WIC prenatal participants
- mailings to Medicaid recipients regarding potential WIC eligibility and WIC benefits
- mailings regarding WIC services to pediatricians providing services to Medicaid recipients
- coordination of cross-distribution of informational and educational materials
- coordination of the provision of special formulas to WIC-Medicaid participants
- provision of training to community-based staff on WIC and Medicaid services
- inclusion of referrals of potential eligibles to WIC the responsibilities of local welfare office workers charged with providing health care information and referrals to Medicaid recipients

In addition, regular meetings will be held with staff of both programs to ensure continuation of collaborative activities and to initiate others as outlined in the LOA.

- B. Examine feasibility and initiate development of joint eligibility form and other consolidated eligibility procedures.

Medicaid has recently completed development and implementation of a new eligibility form for its program and is also working to coordinate its activities as part of the new overall Massachusetts Managed Care Program. The agreed to collaborative effort with regards to a joint Medicaid-WIC eligibility form is to "work with the WIC Program to investigate the feasibility of developing a form which would provide basic eligibility data for the WIC and Medicaid Programs".



5. To assure the effective operation of the state agency staff.

A. Continue collaboration and coordination among program components.

Ongoing. Regular weekly meetings of the Assistant Directors for Food Delivery/Systems, Fiscal/Administration and Program/Nutrition with the WIC Director were suspended due to WIC 2 implementation; however, the Director met with Assistant Directors on an individual basis each week and with all on an as needed basis. Staff from these program components also meet on initiatives whose activities cross program component lines, such as food costs, participation monitoring and management, WIC 2 and cash management. All-staff meetings are scheduled once a month.

B. Carry out annual performance evaluations for all state WIC agency staff and managers.

Completed.

C. Review all state agency management positions and monitor progress on updated management questionnaires.

The management questionnaire for the position of the WIC Assistant Director for Program and Nutrition was completed, and the position upgraded. The questionnaires for the remaining management positions are in the process of being rewritten for upgrade.

State agency staff positions have been reviewed, with two positions being processed for upgrade. A plan for an enhanced staffing pattern was developed and approved. In the plan, the systems consultants would be converted to positions to create a WIC Systems component under an Assistant Director for Systems, a participant and health data analyst and liaison would be hired, clerical staff would be augmented, and a staff position would be added to each WIC program component to ensure carrying out of responsibilities with the expanded nutrition services and program operations at the community level. These positions will be filled as funding allows.

D. Hire staff according to state affirmative action guidelines to fill funded vacancies as they occur.

Funded positions filled comprise: Audit Manager, Systems Analyst, Assistant Program Manager, WIC nutritionist, Help Desk Operator, and Word Processor.

6. To continue communication with participants, local WIC programs and interested citizens to ensure participant and community-centered services.

A. Maintain statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials to provide on-going review, advice and advocacy of the program.

Complete. Beginning in September, the WIC Advisory Council met every other month in FY 92. Among the agenda items addressed were FY 92 Program Priorities and Initiatives (Breastfeeding Promotion and Support, Immunization, Mobile Van Proposal, High Risk Outreach, Training Center, and Review of WIC Nutrition and Other Policies and Procedures), FY 92 Salary Study, Coordination Activities, Federal and State Funding and Budget Issues and Advocacy, WIC Outreach Activities, Boston Federal Healthy Start Program, Federal Program Management Evaluation and Fiscal Review, Use of WIC 2 Nutritional Evaluation Data for Policy and Legislation, Local Program Services RFP, Banking Services RFP, Proposed Enhanced of Breastfeeding Package, State Agency Organizational Structure, Boston Family Outreach Van, the Medford Declaration, TV PSA's, and Factors Associated with Reimbursement Per Participant.

Council members were provided with bimonthly status reports on WIC state agency activities, including caseload management, food costs, waiting lists and priorities served and federal and state funding, budget and advocacy issues, infant formula rebate, and WIC 2. They actively advocated with the executive agencies and the Legislature of the Commonwealth of Massachusetts with regard to WIC Program interests. (See Attachment A).

- B. Utilize state agency internal meeting structure to ensure regular flow of information and integration of program components.

The Director participates in the weekly management meeting of the Bureau of Family and Community Health and meets as well with the Assistant Commissioner of the Bureau. Meetings were scheduled as needed with the Associate Commissioner for Management and Resources and other DPH senior staff. Centralization of purchase of services and budget activities has necessitated attendance at POS meetings and the scheduling of regular meetings with staff in these critical areas as well.

In addition, within WIC, staff of each program component meet regularly with their respective Assistant Director, and the Director and Assistant Directors meet regularly. A special project structure facilitates implementation of projects such as WIC 2, food costs and caseload monitoring.

- C. Continue task forces and regular business meetings to solicit input from and exchange of information with local programs and ensure continuation of an effective, working relationship between local WIC programs and the state WIC office.

Complete. The MIS Work Group, which comprised the Program, Nutrition and Accountability Work Groups during WIC 2 implementation, met regularly during FY 92 to advise the state agency on development and implementation of activities, policies and procedures regarding the WIC 2 priority initiative.

Business meetings for local WIC Program Directors and Senior Nutritionists were held every two months to provide a forum for state agency/work group progress reports and for discussion of WIC issues and current activities.

Issues discussed at these meetings are listed on Attachment B entitled "1992 WIC Business Meeting Agenda Topics".

- D. Sponsor a statewide WIC conference on breastfeeding promotion for all local agency program staff, state agency staff, WIC advocates and other interested persons.

The statewide WIC conference is scheduled for October 26, 1992. The conference will have a multicultural focus, addressing the impact of culture on issues such as food/diet choices, pregnancy, child rearing, health care practices as well as communicating with culturally diverse participants.

7. Revise, develop and implement new or revised state program policies and procedures in response to FY 91 USDA/FNS/NERO Management Evaluation and Expenditure Validation Review.

In process. Necessary followup on the Management Evaluation and Expenditure Validation Review is either completed or underway.

In addition, the following activities were undertaken in FY 92:

- The State WIC Director attended the National Association of WIC Directors (NAWD) Conference in Tampa, Florida along with the Assistant Directors for Fiscal and Administration, Program and Nutrition, and Food Delivery as well as the State Nutrition Coordinator. The State Nutrition Coordinator participated in the workshop on quality nutrition services in WIC. The Program also exhibited outreach campaign materials and information about Massachusetts WIC's new automated immunization system initiative.
- Massachusetts WIC was a sponsor of the third annual "Partners in Perinatal Health" conference on perinatal issues held in May in Marlborough, Massachusetts. This major conference "Enhancing Partnerships in Perinatal Health: Exploring Family Centered Care," enabled WIC staff to work closely with representatives of the March of Dimes, NAPARE, NAACOG and the Massachusetts Perinatal Association.
- The WIC Director continued to serve as elected Vice President of the National Association of WIC Directors (NAWD) and, as such, is a member of both the Executive Committee and the Board of Directors and represents NAWD in various capacities. She was elected to the position of President-elect in April, 1992 and will take office as President in February, 1993.



- The WIC Program was nominated for a Commonwealth of Massachusetts citation of outstanding performance for its work on WIC 2 MIS. As noted previously, the implementation of WIC 2 was the major activity during FY 90, 91 and 92 and required significant contributions from all staff.
- The State WIC Director, Assistant Director for Program and Nutrition, and State Nutrition Coordinator attended the USDA Regional Meeting in North Conway, New Hampshire from December 9-12, 1991. Presentations were made by the Director and Nutrition Coordinator on WIC 2 and Immunization. Other topics discussed were outreach, Medicaid coordination, federal regulations and nutrition services.
- WIC Program staff attended a meeting with the Commissioner and Assistant Commissioner of BFCH and representatives of Project Bread to discuss Project Bread's advocacy plan to have Massachusetts WIC become a universal program within two years.
- The Director, Assistant Director for Systems, Vendor Manager and MIS Project Manager attended the National Technology Meeting in San Antonio, Texas. The Assistant Director for Systems participated in a workshop on the benefits of system transfer.
- The State WIC Director participated in activities at the Upham's Corner Health Center honoring Rosalyn Carter for her work promoting immunizations.
- The Massachusetts State WIC Director and Assistant Director for Program and Nutrition met with Dr. James Sargent and his staff, and Evelyn Kocher Ahern, Director of Lawrence WIC, and her nutrition staff, to discuss the Nutritional Prevention of Lead Poisoning Project. This project is designed to examine the effects of calcium supplemented formula on the absorption of lead by infants in Lawrence, an area with a high incidence of lead poisoning.
- More than half of the state WIC staff attended "Good Nutrition: It's Your Choice" in March. The Northeast Regional Office of Supplemental Food Programs sponsored this symposium in observance of National Nutrition Month. DPH Commissioner David Mulligan spoke, as did three presenters: Mary Kay Hunt, M.P.H., R.D. from the Dana Farber Cancer Institute, who spoke on "Nutrition's Role in Preventing Cancer", Lillian Sonnenberg, D.Sc., R.D. from Massachusetts General Hospital, who spoke on "Nutrition's Role in Preventing Cardiovascular Disease", and Jeanne Golberg, Ph.D., R.D. from Tufts University, who spoke on "Nutrition and Children".



- WIC Program staff began work on an Infant Feeding Practices research project, the results of which are intended to provide WIC with a more detailed understanding of the psycho-social influences on a mother's decision to initiate and continue breastfeeding her baby as opposed to formula feeding her baby. Approximately 150 women with infants enrolled in WIC will be interviewed, and data collection is intended to take place during the early months of 1993. Preliminary results of the study are targeted for spring 1993, with a final report available for program planning during state FY'94.
- Together with the other state WIC programs in the USDA Northeast Region, the Massachusetts WIC Program received the United States Department of Agriculture, Food and Nutrition Service, Administration's Citation "For extraordinary regional cooperation in accomplishing program management improvements and saving through information sharing, cooperative procurements and other multi-state actions which benefited all Northeast Region States."
- Representatives of USDA/NERO, WIC and Head Start Programs visited the Lawrence WIC Program and the Head Start Program, all of which managed by the Greater Lawrence Community Action Council, to observe operations and discuss coordination between two programs.
- The WIC State Director and Assistant Director for Program and Nutrition attended meetings on the Medicaid Managed Care Program, which is the new method of providing health care for Medicaid recipients, and on WIC coordination with and referrals to St. Mary's Home, at St. Margarets' Hospital, Dorchester.
- A day long management retreat was held at which senior and middle managers discussed program activities and priorities for federal FY 1992 as well as a state office organizational structure which includes an operational WIC 2 MIS.
- A feasibility study on a Staff Training and Development Center was initiated and is in process.

## WIC ADVISORY COUNCIL

FY 92-93

AFFILIATION	NAME AND TITLE	ADDRESS AND TELEPHONE NUMBER
WIC Consumer: West	Sallyhah Abdul-Wadud	399 Central Street Springfield, MA 01105 413-781-1658
WIC Consumer: Central	Marilyn Valentine	216 D East Mountain Street, Apt 93 Worcester, MA 01606 508-853-5225
WIC Consumer: Northeast	to be appointed	
WIC Consumer: Southeast	to be appointed	
WIC Consumer: Boston	to be appointed	
Private Citizen/Chair	David Mofenson, Esq.	One Wells Avenue, Newton, MA 02159 617-964-4900
WIC Advocate	Esther Hanig	Project Bread 11 Beacon Street, Room 400 Boston, MA 02108 617-723-5000
Local Agency Executive Director	Leslie T. Laurie, Executive Director	Family Planning Council of Western MA 16 Center Street, Northampton, MA 01060 413-586-2016
WIC Vendor	Chris Flynn, President & Brian Houghton Assistant to the President	Massachusetts Food Association 31 Milk Street, Suite 817, Boston, MA 02109 617-542-3085
Physician or Nurse with WIC experience	John McNamara, M.D. Chief of Pediatrics	Brockton Hospital 60 Center Street, Brockton, MA 02402 508-583-2900
Representative: MA WIC Directors Association	Anne Greene Program Director	South Boston WIC Program 133 Dorchester Street South Boston, MA 02127 617-269-7500
Representatives: MA WIC Nutritionists Association	Darlene Dymaza, Senior Nutritionist	New Bedford WIC Program 95 Cedar Street, New Bedford, MA 02740 508-997-1500

WIC ADVISORY COUNCIL (continued)  
FY 92-93

AFFILIATION	NAME AND TITLE	ADDRESS AND TELEPHONE NUMBER
Member: FHS Advisory Board or Nutrition Board	Edna Apostol	Pioneer Valley AHEC Springfield Technical Community College 1 Amory Square, Springfield, MA 01105 413-781-7822
Member: Legislative Committee on Health Care or Human Services & Elderly Affairs	The Honorable Edward L. Burke, Chairman & Dana Sullivan, Research Analyst	Committee on Health Care Senate, Commonwealth of Massachusetts State House, Room 413C, Boston, MA 02133 617-722-1640
Director: Project Bread	Annette Rubin Casas Director of Advocacy & Programs	Project Bread 11 Beacon Street, Room 400 Boston, MA 02108 617-723-5000
Director: Office of Nutrition	Ruth Palombo, Director	Department of Public Health Office of Nutrition 150 Tremont St., 4th fl., Boston, MA 02111 617-727-9283
Nutrition Coordinator: Massachusetts WIC Program	Janet Kalilo State Nutrition Coordinator	Massachusetts WIC Program 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-6876
Director: Massachusetts WIC Program	Mary Kelligrew Kassler, Director	Massachusetts WIC Program 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-2443

Attachment B

"1992 WIC Business Meeting Agenda Topics"

- o State and Federal Funding, Budgets and Advocacy
- o WIC 2
- o Caseload Management, Participation and Food Costs
- o Certification and Outreach Activities
- o Vendor Issues
- o New Procedures and New Federal Regulations
- o Infant Formula Rebate
- o Coordination with Other DPH programs, such as Failure To Thrive, Early Intervention and Immunizations, the Pregnancy Nutrition Surveillance System
- o The National WIC Nutrition Services Meeting
- o Civil Rights Training
- o Bloodwork Procedures and Issues
- o Sample and Special Formula Issues
- o WIC Paraprofessional Training Program
- o USDA Management Evaluation and Fiscal Review
- o Continuing Education for WIC Nutrition Staff
- o 1993 Local Program RFP and Contract Process
- o Banking Services RFP
- o Increases in Productivity and Factors Associated with Reimbursement Per Participant
- o Walk-Ins and Triage
- o Report on the National Paraprofessional Work Group
- o CDC Nutrition Surveillance
- o Breastfeeding Task Force Report
- o NAWD Conference Report,
- o Infant Eligibility for SSI - New Regulations
- o Immunization Initiative and CDC Immunization Action Plan
- o 1992 Farmers' Market
- o Nutritional Risk of WIC Participants: Utilizing Reports to Target Services
- o Hepatitis B Vaccinations
- o DPH Community Coordination Pilot Projects and Federal Coordination Initiatives, such as Healthy Start and Weed and Seed



## Massachusetts WIC Program

## LOCAL PROGRAM COMPARISON OF ANCESTRY/RACE

		BLACK, NOT HISPANIC*	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN	WHITE, NOT HISPANIC	CURRENT STAFF VACANCIES	TOTALS
ALLSTON/BRIGHTON	Catchment area Participation Staff (FTEs)	01.16% 19.00% 00.00%	01.49% 23.00% 27.00%	02.58% 24.00% 31.00%	00.04% 00.00% 00.00%	94.73% 34.00% 26.00%	16.00%	243,898 2,103 11.25
ATHOL	Catchment area Participation Staff (FTEs)	00.28% 03.00% 00.00%	00.58% 04.00% 00.00%	00.21% 03.00% 00.00%	00.20% 00.00% 00.00%	98.73% 90.00% 82.00%	18.00%	59,206 1,089 5.50
BERKSHIRE	Catchment area Participation Staff (FTEs)	01.38% 08.00% 12.00%	00.43% 01.00% 00.00%	00.34% 00.00% 00.00%	00.06% 00.00% 00.00%	97.79% 91.00% 88.00%		114,944 1,940 8.60
BROCKTON	Catchment area Participation Staff (FTEs)	03.23% 37.00% 21.00%	01.28% 12.00% 09.00%	00.45% 02.00% 00.00%	00.20% 00.00% 00.00%	94.84% 49.00% 57.00%	13.00%	263,618 3,737 14.00
CAMBRIDGE	Catchment area Participation Staff (FTEs)	04.20% 36.00% 20.00%	02.58% 28.00% 29.00%	01.88% 05.00% 10.00%	00.12% 00.00% 00.00%	91.22% 31.00% 41.00%		279,239 2,412 9.80
CAPE COD	Catchment area Participation Staff (FTEs)	01.30% 11.00% 00.00%	00.62% 03.00% 00.00%	00.25% 01.00% 00.00%	00.55% 02.00% 12.00%	97.28% 83.00% 88.00%		150,953 2,059 8.60
CHARLESTOWN/CHELSEA	Catchment area Participation Staff (FTEs)	00.95% 06.00% 00.00%	05.62% 43.00% 21.00%	00.48% 13.00% 14.00%	00.07% 00.00% 00.00%	92.88% 38.00% 43.00%	22.00%	67,835 2,714 14.20
FALL RIVER	Catchment area Participation Staff (FTEs)	00.31% 05.00% 00.00%	01.94% 03.00% 00.00%	00.34% 06.00% 13.00%	00.09% 00.00% 00.00%	97.32% 86.00% 82.00%	05.00%	147,334 3,105 11.71
FRAMINGHAM	Catchment area Participation Staff (FTEs)	01.33% 08.00% 00.00%	01.70% 29.00% 40.00%	00.94% 02.00% 00.00%	00.08% 00.00% 00.00%	95.95% 61.00% 60.00%		240,670 1,505 10.10
FRANKLIN COUNTY	Catchment area Participation Staff (FTEs)	00.48% 02.00% 00.00%	00.48% 02.00% 00.00%	00.38% 00.00% 00.00%	00.18% 00.00% 00.00%	98.48% 96.00% 100.00%		40,687 1,293 5.60

\* Includes Black Americans, West Indians, Cape Verdeans and Africans.

LOCAL PROGRAM COMPARISON OF ANCESTRY/RACE

		BLACK, NOT HISPANIC*	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN	WHITE, NOT HISPANIC	CURRENT STAFF VACANCIES	TOTALS
HAMPSHIRE COUNTY	Catchment area Participation Staff (FTEs)	01.67% 07.00% 00.00%	01.68% 16.00% 00.00%	01.06% 10.00% 24.00%	00.12% 00.00% 00.00%	95.47% 67.00% 76.00%		111,070 1,424 5.90
HAVERHILL	Catchment area Participation Staff (FTEs)	00.66% 04.00% 00.00%	01.10% 19.00% 26.00%	00.18% 00.00% 00.00%	00.16% 00.00% 00.00%	97.90% 77.00% 61.00%	13.00%	114,488 1,827 7.62
HOLYOKE/CHICOPEE	Catchment area Participation Staff (FTEs)	01.04% 04.00% 00.00%	03.96% 52.00% 60.00%	00.37% 00.00% 02.00%	00.13% 00.00% 00.00%	94.50% 44.00% 34.00%	04.00%	214,908 5,470 23.00
LAWRENCE	Catchment area Participation Staff (FTEs)	00.60% 02.00% 00.00%	07.68% 74.00% 34.00%	00.41% 02.00% 00.00%	00.18% 00.00% 00.00%	91.13% 22.00% 52.00%	14.00%	146,269 5,737 17.50
LOWELL	Catchment area Participation Staff (FTEs)	00.86% 04.00% 06.00%	02.26% 26.00% 06.00%	00.67% 27.00% 39.00%	00.11% 00.00% 00.00%	96.10% 43.00% 46.00%	03.00%	241,846 4,249 15.50
MALDEN/REVERE	Catchment area Participation Staff (FTEs)	01.26% 11.00% 00.00%	00.76% 02.00% 00.00%	00.46% 12.00% 20.00%	00.10% 00.00% 00.00%	97.42% 75.00% 60.00%	20.00%	289,910 1,389 5.00
NEW BEDFORD	Catchment area Participation Staff (FTEs)	01.78% 18.00% 00.00%	03.41% 22.00% 15.00%	00.48% 00.00% 00.00%	00.21% 00.00% 00.00%	94.12% 60.00% 77.00%	08.00%	153,961 3,255 13.00
NORTH CENTRAL	Catchment area Participation Staff (FTEs)	02.18% 08.00% 00.00%	02.31% 29.00% 41.00%	00.65% 05.00% 07.00%	00.17% 00.00% 00.00%	94.69% 58.00% 42.00%	10.00%	187,870 2,331 9.70
NORTH SHORE	Catchment area Participation Staff (FTEs)	01.03% 12.00% 10.00%	01.34% 32.00% 26.00%	00.46% 08.00% 13.00%	00.16% 00.00% 00.00%	97.01% 48.00% 51.00%		347,721 4,798 19.05
PLYMOUTH	Catchment area Participation Staff (FTEs)	01.16% 10.00% 00.00%	00.79% 01.00% 00.00%	00.36% 00.00% 00.00%	00.18% 00.00% 00.00%	97.51% 89.00% 100.00%		154,671 2,020 8.38

\* Includes Black Americans, West Indians, Cape Verdeans and Africans.

LOCAL PROGRAM COMPARISON OF ANCESTRY/RACE

		BLACK, NOT HISPANIC*	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN	WHITE, NOT HISPANIC	CURRENT STAFF VACANCIES	TOTALS
QUINCY	Catchment area Participation Staff (FTEs)	00.71% 08.00% 00.00%	00.56% 01.00% 00.00%	00.52% 07.00% 00.00%	00.08% 00.00% 00.00%	98.13% 84.00% 100.00%		381,434 2,172 9.55
SOMERVILLE/MEDFORD	Catchment area Participation Staff (FTEs)	01.20% 18.00% 16.00%	01.07% 10.00% 08.00%	00.80% 03.00% 08.00%	00.12% 00.00% 00.00%	96.81% 69.00% 68.00%		288,967 3,426 12.50
SOUTH BERKSHIRE	Catchment area Participation Staff (FTEs)	02.05% 04.00% 00.00%	01.19% 02.00% 00.00%	00.67% 01.00% 00.00%	00.20% 00.00% 00.00%	95.89% 93.00% 100.00%		10,148 356 2.20
SOUTH CENTRAL	Catchment area Participation Staff (FTEs)	00.35% 02.00% 00.00%	00.82% 13.00% 25.00%	00.21% 01.00% 00.00%	00.08% 00.00% 00.00%	98.54% 84.00% 75.00%		321,116 2,687 8.05
SPRINGFIELD	Catchment area Participation Staff (FTEs)	12.50% 27.00% 20.00%	07.15% 47.00% 41.00%	00.58% 02.00% 03.00%	00.14% 00.00% 00.00%	79.63% 24.00% 28.00%	08.00%	198,113 6,744 30.00
TAUNTON	Catchment area Participation Staff (FTEs)	00.63% 06.00% 00.00%	01.53% 08.00% 60.00%	00.36% 02.00% 00.00%	00.08% 00.00% 00.00%	97.40% 84.00% 00.00%	40.00%	196,244 2,621 5.00
WORCESTER	Catchment area Participation Staff (FTEs)	01.88% 08.00% 00.00%	02.69% 38.00% 43.00%	00.54% 08.00% 31.00%	00.21% 00.00% 00.00%	94.68% 46.00% 00.00%	26.00%	258,479 3,940 13.00

\* Includes Black Americans, West Indians, Cape Verdeans and Africans.



LOCAL PROGRAM COMPARISON OF ANCESTRY/RACE

BOSTON PROGRAMS

		BLACK, NOT HISPANIC*	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN	WHITE, NOT HISPANIC	CURRENT STAFF VACANCIES	TOTALS
DORCHESTER/ROXBURY	Participation Staff (FTEs)	94.00% 73.00%	05.00% 07.00%	00.00% 13.00%	00.00% 00.00%	01.00% 07.00%		3,621 15.00
EAST BOSTON	Participation Staff (FTEs)	04.00% 00.00%	49.00% 40.00%	08.00% 16.00%	00.00% 00.00%	39.00% 44.00%		1,688 6.25
JAMAICA PLAIN	Participation Staff (FTEs)	14.00% 00.00%	77.00% 54.00%	00.00% 00.00%	00.00% 00.00%	08.00% 38.00%	08.00%	2,491 12.05
ROXBURY	Participation Staff (FTEs)	69.00% 43.00%	26.00% 29.00%	02.00% 00.00%	00.00% 00.00%	04.00% 21.00%	07.00%	2,963 14.00
SOUTH BOSTON	Participation Staff (FTEs)	13.00% 00.00%	06.00% 19.00%	04.00% 00.00%	00.00% 00.00%	77.00% 77.00%	04.00%	1,146 5.20
SOUTH DORCHESTER/ ROSLINDALE	Participation Staff (FTEs)	67.00% 41.00%	04.00% 00.00%	02.00% 00.00%	00.00% 00.00%	27.00% 45.00%	14.00%	2,817 12.80
SOUTH END	Participation Staff (FTEs)	29.00% 27.00%	31.00% 17.00%	38.00% 10.00%	00.00% 00.00%	02.00% 29.00%	17.00%	2,769 10.25
JPHAMS CORNER	Participation Staff (FTEs)	56.00% 45.00%	23.00% 11.00%	11.00% 04.00%	01.00% 00.00%	09.00% 24.00%	16.00%	3,998 19.00

\* Includes Black Americans, West Indians, Cape Verdeans and Africans.



## REVIEW OF FISCAL YEAR 1992 GOALS AND OBJECTIVES

### PROGRAM

The primary Program objectives for FY 92 were:

1. To maintain efficient, effective delivery of appropriate benefits to 91,500 participants each month, with mid-year review and revision of supportable caseload as determined by available funding.
  - A. Monitor local program active caseload each month to ensure maximum utilization of assigned caseload. Provide appropriate technical assistance to local agencies and recommend mid-year reallocation as necessary.

Ongoing. Caseload monitoring as well as the allocation of additional cases were major activities of this fiscal year. The receipt of additional federal and state funding resulted in the distribution of 18,500 new cases during the year. Assigned monthly caseload was increased from 98,500 at the beginning of the federal fiscal year to 109,800 in the spring and will increase to 118,525 during the summer of 1992.

The significant expansion of caseload enabled the Program to move eligible Priority V individuals from the waiting list to active status as well as extend program benefits to Priority VI postpartum women.

See Administration and Management 1.

- B. Monitor food costs in conjunction with other program components to ensure the provision of optimal nutritional benefits at reasonable costs.

Ongoing. See Fiscal 1. The monthly cost of food was monitored, in conjunction with the Fiscal and Systems components, to ensure the maximization of available food dollars. The lack of any significant increase in food cost inflation enabled the Program to expand services to additional eligible individuals.

2. To coordinate WIC outreach activities with health and social service agencies that service high risk, WIC eligible populations.

- A. Conduct an outreach campaign targeted to high-risk individuals to increase the number of Priority 1 participants by 15% from 27,985 in May 1991 to 32,183 in May 1992.

Ongoing. A multi-faceted outreach program was conducted, which utilized radio and television PSAs, the placement of car and bus cards in the MBTA and other transit systems, along with the continued distribution of posters and fliers to numerous health and human service agencies, including hospital maternity wards, shelters, health centers, doctors' offices and other public places.

In addition, WIC handouts were distributed to 300 Internal Revenue Service (IRS) offices as part of a coordinated effort with the Regional Office of USDA and the federal government's Earned Income Tax Credit Program and tax return assistance for low income families.

In spite of the significant outreach efforts and the strong demand for services due to the continued high unemployment, the actual number of Priority I participants remained constant. This lack of an increase in this participant priority may be related to several factors:

- o potential decline of 2% in birth rate as indicated in preliminary information obtained from the Bureau of Statistics and Evaluation (Percent increase of infants added between December, 1991 and June, 1992 is very small compared to other participant categories).
- o infants and prenatal women from families whose members are recently unemployed may be at lower risk.
- o the birthrate in families whose members are recently unemployed may be below the statewide average, resulting in fewer prenatal and infant WIC enrollees from this group.

- B. Monitor progress of activities in local program FY 92 Outreach Plans during management evaluations to ensure that local programs are carrying out targeted outreach to Priority I populations with an emphasis on adolescents, ancestral and cultural minorities and recent immigrants. Conduct final evaluation of objectives in June, 1992.

In process. FY 92 High Risk Outreach Plans were reviewed and approved by the State agency and implemented by local WIC programs. The final evaluation of outcomes and activities will be conducted during the summer 1992.

- C. Continue building coordination and referral networks with the Department of Public Welfare's Medicaid, AFDC and Food Stamps Programs.

- 1) To strengthen coordination efforts with the Medicaid unit of Department of Public Welfare through the completion and implementation of a Letter of Cooperation outlining the activities both programs would conduct to ensure the existence of coordination and referral networks between both programs.

Ongoing. A Letter of Agreement (LOA) between WIC and Medicaid is in the finalization stage. Designed to further enhance coordination and referral networks between both programs, this LOA includes such activities as:

- mailings to Medicaid recipients regarding potential WIC eligibility
- mailings to pediatricians providing services to Medicaid recipients regarding WIC services
- coordination of cross-distribution of informational and educational materials
- coordination of the provision of special formulas to WIC-Medicaid participants
- provision of training to WIC local program staff regarding Medicaid services
- initiation of development of a joint eligibility form

Regular meetings are being held with staff of both programs to finalize the LOA as well as exchange pertinent information regarding program services.

- 2) Continue collaboration with Healthy Start and Medicaid to utilize Medicaid presumptive eligibility for WIC prenatal participants.

Ongoing. The Healthy Start Program continues to facilitate the enrollment of eligible pregnant women onto Medicaid and WIC. Staff of the Healthy Start Program perform presumptive eligibility for Medicaid applicants, which expedites WIC income eligibility and participant access to health care.

- 3) Facilitate prompt enrollment of WIC-eligible DPW prenatal and infant clients through continued mailings of WIC materials to Medicaid, AFDC and Food Stamps recipients by the Department of Public Welfare.

Ongoing. Meetings between WIC staff and representatives from the Food Stamp Program have culminated in the decision to include a paragraph on WIC in materials mailed to Food Stamp recipients.

Mailing informing Medicaid recipients of their income eligibility for WIC services has been institutionalized.

- 4) Provide information regarding Medicaid income eligibility to local WIC programs for distribution to potential Medicaid recipients.

In process. A one page sheet containing information about Medicaid and income eligibility standards will be given to local WIC programs for distribution to potential Medicaid recipients.

- D. Expand and enhance outreach activities through a statewide multi-media campaign effort including radio and television public service announcements and the use of car cards on selected bus and train lines.

Ongoing. See Administration and Management 1A. See Program 2A.



An evaluation of the 1991 Outreach Campaign was conducted to assess the effectiveness of the various activities that were employed to reach individuals and families who might be eligible for WIC.

The data sources included use of an 800 # log which tracked calls from August - December, 1991, and participant data from June - December, 1991. Although these data sources were helpful for making some comparisons among types of outreach, and changes in case mix during the height of our outreach efforts, there were limitations; i.e. not all inquiries received by the state office were recorded; the state office was using 2 dissimilar MIS systems and databases making analysis of data difficult.

Analysis of the data showed that the most effective outreach in 1991 (as recorded in the 800 # log and in consideration of cost effectiveness) was from linkages with Welfare and Healthy Start. The "WIC Works" Poster/Flyer also generated a large percentage of calls and was seen most frequently in hospitals, doctor's offices, and health centers.

At the end of August, 1992, data for the full year will be analyzed and as such, will include the effectiveness of Television PSA's for cable stations.

- E. Collaborate with other DPH programs such as Early Intervention, Healthy Start and Community Health Services as well as the Office of Nutrition in the development of a perinatal media campaign designed to inform high risk prenatals and mothers of infants of available services and resources.

Ongoing. Planning meetings of the DPH Perinatal Media Campaign Committee, developed to coordinate publicity of DPH programs addressing the needs of women and children, have produced a 1-800 Help Line Directory. This directory contains information and hotline numbers of DPH, DPW and other health and social service agencies for use in referring participants for appropriate services.

3. To increase participant access to WIC services.

- A. Review and revise use of medical referral forms as well as the standards for processing participants to ensure timely certification of eligible individuals.

Ongoing. Work on this objective will begin in September, 1992 and be completed in late Fall, 1992.

- B. Develop and submit a proposal to USDA/NERO for a Mobile WIC Unit to provide WIC services to eligible individuals living in the rural areas of Central and Western Massachusetts.

Completed. A proposal for a Mobile WIC Unit was submitted to USDA/NERO as part of the Massachusetts WIC Program's request for FY 92 discretionary funds. This proposal was not funded. No further activity took place on this objective due to the need to address other priority issues.



- C. Collaborate with the Department of Corrections and the Framingham WIC Program to establish a "Women in Prisons Project" at the Massachusetts Correctional Institution (MCI) - Framingham.

Ongoing. The Women in Prisons Project, undertaken by the Massachusetts WIC Program in conjunction with the Massachusetts Correctional Institution (MCI) - Framingham and the Framingham WIC Program, was initiated in Spring. The Massachusetts WIC program provided special funding to the Framingham WIC program for staff to function at the Prison site. Meetings were held with the Superintendent of MCI and designated staff to develop and implement plans for the coordination of services to the pregnant women at the facility. WIC staff of the Framingham WIC Program are working with the prenatal counseling and case management program, "Catch the Hope". Nutrition education and counseling is provided to potentially eligible women while in prison, and arrangements are made for WIC assessment and certification, food checks and referrals at local WIC Programs immediately upon release.

- D. Initiate contact with the Department of Social Services to ensure that infants and children in foster care or protective services are referred for WIC benefits or continuance of WIC benefits.

This objective was not undertaken in FY 92. The WIC Program was unable to initiate contact with this agency during this fiscal year due to time consuming, priority issues related to the implementation of WIC 2, development, training and implementation of the Immunization System, and the development, letting and awarding of two Requests for Proposal. Statistics indicate that at least 1,300 of these children are receiving WIC benefits. This objective has been retained as an objective for FY 93.

4. To standardize efficient, effective local program operations and ensure participant centered services.

- A. Revise the Procedure Manual as necessary to reflect new state agency policies and procedures designed to increase the effectiveness and efficiency of local program operations as well as new procedures and policies regarding WIC 2.

Ongoing. The Procedure Manual is in the process of being revised to reflect the significant operational and procedural changes made in order to take advantage of the efficiencies of WIC 2.

- B. Review and revise recommended local program staffing patterns as well as the roles and responsibilities of staff based on the implementation of WIC 2. Modify recommended staff to participant ratios and job descriptions as necessary.

Completed. Revised recommended staff to participant ratios were included in the FY 93 RFP. These ratios were established to reflect the number of local program sites open simultaneously, as well as the efficiencies provided by WIC 2.

- C. Review and revise protocols and forms for local program management evaluations to reflect changes due to WIC 2.

In process. Revised protocols and forms for local program management evaluations will be completed in September, 1992.

- D. Collaborate with the Nutrition and Food Delivery sections in evaluating local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food checks, and referrals.

During FY 92, state staff from the several program components visited each local WIC program in order to evaluate and assess program operations and provide technical assistance prior to and during the conversion to the WIC 2 system. While the purpose of the visits was primarily MIS conversion and operations, state staff spent 3 to 4 days working intensively with staff of each local WIC program. As such, staff had an unprecedented opportunity to closely observe, evaluate and follow up on program operations and procedures in detail not possible in a formal management evaluation. Following conversion, state staff were debriefed, and follow up and technical assistance to local programs on identified non-WIC 2 issues was planned and is in process.

Concomitantly, formal management evaluations of local programs were not undertaken in FY 92 due to the time consuming priorities issues related to WIC 2 implementation and site visits, enhancements and on-going, related technical support, as well as development, training and implementation of the WIC 2 Immunization System, and the development, letting and awarding of two, major Requests for Proposal.

Recognizing the pressing need to ascertain the status of local programs post WIC 2 implementation, state WIC staff will again visit all local programs prior to September 30, 1992. During these visits staff will focus on participant flow, staff deployment, and WIC 2 system security and accountability issues and most importantly, will address procedure and other issues generated by the WIC 2 site conversion visits.

- E. Collaborate with the Nutrition and Food Delivery sections to provide three training sessions for new local program staff.

Completed. Three 3-day training sessions were provided for new local program staff in December 1991, March 1992 and June 1992. A total of 121 new staff members attended these sessions.

5. To collaborate with the Massachusetts Department of Food and Agriculture on Massachusetts WIC's 7th year of the Farmer's Market Coupon Program.

Ongoing. Massachusetts WIC coordinated with the Department of Food and agriculture on the provision of Farmers' Market Coupons to provide WIC participants with coupons for the purchase of fresh fruits and vegetables. Some 41,371 WIC participants at thirty one local WIC programs were provided with \$10.00 worth of coupons redeemable at Farmers' Market across the Commonwealth. The WIC redemption rate of this sixth year of operation was 63%. Total funding for the Farmers' Market Coupon Program for the 1991 growing season was \$645,844. These funds included some \$472,790 federal dollars, the third year of a three year grant awarded to the Massachusetts Department of Food and Agriculture for WIC participants. Staff conducted eleven site visits to ensure adherence to program policies and procedures regarding distribution and expenditure of coupons.

The nutrition education handout was revised by a taskforce comprising staff from EFNEP, the Massachusetts Department of Food and Agriculture and WIC and then, translated into Spanish by WIC's Multicultural Taskforce. In addition, WIC nutrition staff developed 4 sample lesson plans to be used at nutrition education contacts coinciding with Farmers' Market coupon distribution.

This program was unusually difficult to administer in 1991 due to the fact that fourteen local programs had been converted to WIC 2 with its new database and tri-monthly WIC check issuance, while the remaining local programs functioned with the old MIS and bi-monthly issuance.

6. To collaborate with other program components on WIC 2 to complete the training of local program staff as well as the conversion of remaining local programs to WIC 2.

Completed. See Systems 1A, B, C.

7. To collaborate with other program components on issues involving local program contracts, including the development of a Request for Proposal and award of contracts for program and nutrition services.

Completed. See Fiscal 8.

8. To collaborate with other program components on issues involving development of a Request for Proposal for banking services.

Completed. See Fiscal 2D.

9. To review new federal regulations and FNS Instructions and develop and implement new or revised policies and procedures as appropriate.

Ongoing.



10. To collaborate with Systems to provide Minimum Dataset for the federal Report of WIC Participant and Program Characteristics for 1992.

Ongoing. Staff has worked with Abt Associates Inc. to clarify required data and has developed local program reports requesting verification or correction of bad, questionable and missing data needed for PC 92. The Minimum Dataset will be sent to Abt in the summer 1992.

See Systems 12.

In addition, the following activities were undertaken during FY 92:

- Staff extracted data from two dissimilar management information systems in order to complete several federal reports regarding participation and participant services, as well as to provide statistics to other bureaus within the Department of Public Health.
- Staff developed, coordinated, and implemented training for state and local program staff for the new Immunization System at three pilot sites and twelve regional trainings.
- Staff utilized an \$11,000 Walk for Hunger/Project Bread grant to purchase grocery store gift certificates for distribution by local WIC programs to people in need of emergency food.
- Staff certified seventy-two homeless and recovery shelters as meeting federal criteria for housing WIC participants.
- Staff coordinated the MIS Planning Group during vacancy of Assistant Director for Systems.
- Staff provided extensive technical assistance regarding WIC 2 to local programs through memoranda, inservices and the Help Desk.



## REVIEW OF FISCAL YEAR 1992 GOALS AND OBJECTIVES

### NUTRITION

To assure the delivery of high-quality nutrition services to all WIC participants.

The primary Nutrition objectives for FY 92 were:

1. To expand State and local program breastfeeding promotion and support efforts and improve breastfeeding rates.

- A. Plan, develop and begin implementation of a long-term statewide breastfeeding promotion plan which includes: 1) coordination and collaboration with appropriate community programs and agencies; 2) incentives for participants; and 3) aggressive education and training for all WIC staff.

Due to WIC 2 MIS implementation and conversion and the related WIC Immunization Initiative and other activities, a concentrated focus to organize the long term plan was delayed until late FY 92. A number of related, important activities were initiated and accomplished this year, specifically the reconvening of the Breastfeeding Task Force which is a focal point of the plan's process. A major strength of the Task Force is the diversity of its membership, which will enhance WIC's ability to coordinate and collaborate with appropriate community programs and agencies. (See 1B below).

The Program adapted Colorado's Prenatal Calendar which provides breastfeeding information for use with prenatal participants. This calendar was used by local programs as an incentive to breastfeeding.

A focus of the Breastfeeding Coordinator has been to ensure that local program nutrition staff are informed and encouraged to attend breastfeeding conferences and training sessions offered by other organizations. In addition, a variety of breastfeeding materials were reviewed, purchased and distributed to local programs for professional use, staff training and participant education. The Coordinator is in the process of preparing a status report of accomplishments as well as an outline of future plans and directions. (See 1D below).

- B. Reconvene the statewide WIC Breastfeeding Task Force to provide input and support to breastfeeding promotion efforts and to spearhead local task forces to implement and coordinate activities.

The Massachusetts Breastfeeding Promotion Task Force was reconvened on February 21, 1992 under the auspices of the WIC Program. Organizations represented at the first meeting included WIC state and local program staff, MCH Nutritionists, La Leche League (LLL), and Nursing Mothers Council (NMC).

The Task Force meets monthly, and has an average of 15 members attending each meeting. Sixteen local programs are currently participating on the Task Force. Its statement of purpose is as follows:

"The purpose of the Breastfeeding Promotion Task Force is to promote breastfeeding in Massachusetts, especially among low-income, multicultural communities, with an emphasis on increasing initiation and duration of breastfeeding. Task Force efforts will focus on increasing support within the health care system and other community organizations."

The main objectives of the Task Force are as follows:

- a. determine feasibility of implementing a peer counseling model in Massachusetts, and/or involving WIC participants and other community members in breastfeeding promotion activities on a more informal basis.
- b. collaborate with hospital staff and other health care providers to reduce barriers to breastfeeding and to promote more support to women who choose to breastfeed.
- c. develop and/or revise existing counseling protocols.

During the first 4 months the Task Force completed the following activities:

- Shared state and local WIC program breastfeeding promotion activities with members of other BF promotion organizations to enhance networking opportunities and collaboration efforts.
- Reviewed draft "Massachusetts DPH Breastfeeding Policy Statement," draft "Guidelines for Counseling Women at High Risk of HIV Infection about Breastfeeding," and the proposed "Enhanced Food Package For Breastfeeding Women".
- Reviewed NAWD "Guidelines for Breastfeeding Promotion In the WIC Program" to determine appropriate issues for the task force to focus on.
- Extensively reviewed and provided comments on the Breastfeeding paraprofessional training modules from Florida and Idaho. These modules were adapted for use in the Massachusetts WIC paraprofessional training program.
- Screened breastfeeding public service announcements (PSAs) for potential use by the state or local programs.

- Planned activities for World Breastfeeding Day, August 1, 1992. Activities included providing local programs with radio PSA's, press release for local news papers, sample letters of support to legislators, and a new breastfeeding poster.

C. Prepare and distribute the final report of the Northeast Region Breastfeeding Conference Series and conduct a six month post-conference survey to identify long-term conference outcomes.

The final report of the conference series entitled, "Breastfeeding: The WIC Connection", was produced and distributed to Northeast Region State WIC Nutrition Coordinators, USDA-Regional and National Offices. The executive summary and Massachusetts report were distributed to local Massachusetts WIC programs. The final report highlighted the planning process, summarized the needs assessment, provided individual conference reports and evaluations of each conference, and the conference series.

Due to the demands of WIC 2 conversions and other priorities and activities, the post conference survey was postponed until FY 93.

D. Provide technical assistance, consultation, training and resources to local programs to assist in their breastfeeding promotion and education activities.

Ongoing. Consultation and technical assistance is provided to local program and nutrition staff upon request and as part of evaluation and guidance at site visits. Assistance is provided to ensure the implementation and effectiveness of the activities outlined in local program Nutrition Education Action Plans.

The Nutrition Education Task Force reviews and approves participant educational materials for local program use on breastfeeding promotion and support.

The WIC Multicultural Task Force completed a new breastfeeding educational brochure, "Breastfeeding, Questions and Answers for Teens, A New Mother, A New Baby" for Hispanic participants.

New Staff Training included a session on breastfeeding support for new nutrition staff (Senior Nutritionists, Program Nutritionists and Nutrition Assistants). New Staff Training programs were conducted in December, March and June.

Breastfeeding resources, educational materials and information on conferences are provided to local programs throughout the year.

The following breastfeeding resources were distributed to all local programs:

- Poster "Baby's Best Beginning - Breastfeeding"
- "Counseling the Nursing Mother", Supplement to the 1st edition
- "Chemical Agents And Breastmilk", Avery Publishing Group, Inc.
- "Breastfeeding Triage Tool", Seattle-King County DPH



- "Nutrition During Lactation Summary Report", Institute of Medicine, National Academy of Sciences
- "Breastfeeding", an educational flipchart, and pamphlets
- "Getting Started in Five Easy Steps" in English and Spanish for participant education, Childbirth Graphics
- "WIC Works, WIC Cares, WIC Helps in 1992" calendars as an incentive for prenatals interested in breastfeeding.

E. Complete and distribute "Guidelines for Breastfeeding Support in Local WIC Programs".

Completed. The guidelines, which were originally written by local nutritionists involved in the Massachusetts Breastfeeding Study, were revised and updated. These guidelines are a compilation of local nutritionists' experiences and provide step-by-step guidance to implementing effective breastfeeding support efforts. Three types of contacts, (individual, group and phone contacts) are presented. An appendix with sample forms and additional resources is included.

F. Monitor breastfeeding rates and the provision of breastfeeding activities in local programs through review of Nutrition Education Action Plans and local program management evaluations.

Ongoing. Breastfeeding rates are collected and reported on the monthly participation reports. This report is monitored by local agencies and reviewed by state nutrition staff. Review and follow-up of rates is incorporated into local program site visit monitoring.

The FY 92 local program Nutrition Education Action Plans required each program to develop and implement activities to promote and support breastfeeding. Local program activities included: ongoing staff training; development and implementation of breastfeeding education protocols, including breastfeeding education at each prenatal visit; monthly breastfeeding support groups; "reassurance calls" to mother within 48-72 hours after informed of delivery by staff and by phone trees utilizing a peer counselor model; participation on local hospital breastfeeding task forces, co-sponsoring a conference on breastfeeding for medical providers; bulletin board designated to breastfeeding information only; incentive plans for participants including contests, T-shirts and bibs; and referral lists of local breastfeeding support contacts. Final reports documenting accomplishments through June 30, 1992 were submitted in late July.

G. Collaborate in the design and analysis of the research study, "Infant Feeding Practices in the WIC Program".

Nutrition staff participated in the design of the research study by providing feedback on methodology, specific areas/issues to address in the study, and by providing background information on local program demographics and breastfeeding rates.



- H. Increase the number of breastfed infants from 3,680 (16.34% of all infants) to 4,680 (20.8% of all infants) by June 30, 1992.

The numbers of infants breastfed increased in FY 92. In June 1992, 4,387 infants representing 16.52% of all infants were breastfed. Twelve programs had breastfeeding rates over 20%, with seven programs having rates above 25%.

- I. Revise annual nutrition education survey of program participants to include questions regarding breastfeeding.

Due to the demands of WIC 2 conversions and other priorities and

2. To ensure the quality and effectiveness of nutrition services.

- A. Monitor the integration of bilingual and bicultural nutrition staff and the provision of culturally-appropriate nutrition services in local programs, responsive to the special target populations served, and provide technical assistance and consultation as needed.

Ongoing. The new WIC 2 participant report documents the numbers of ethnic minorities served in each local program. A review of the bilingual/bicultural staffing patterns is conducted as part of site visit evaluations. A staff census was conducted in April to identify changes in staffing patterns and current bilingual, bicultural staffing. Currently, approximately 195 local WIC program positions are filled by bilingual/bicultural individuals. Recommendations for staff recruitment were incorporated into FY 92 contract amendments and FY 93 contracts. (See Administration and Management, Attachment C).

Cultural awareness training session is included in New Staff Training and attended by all nutritionists and nutrition assistants. The provision of culturally-appropriate services are reviewed and monitored at local program site visits. Additional guidance and recommendations are provided as needed.

- B. Provide leadership and support to the WIC Multicultural Task Force and the WIC-MCH Nutrition Education Task Force.

The main purposes of the Multicultural Task Force are as follows: 1) to develop multicultural education and training materials for bilingual staff in order to facilitate interaction with the clients and improve the quality of the nutrition counseling; 2) to provide a mechanism through which the coordination and production of translation work can be streamlined and adapted; and 3) to provide a forum for bicultural paraprofessional staff to interact and share their knowledge, expertise and experiences.

The WIC Multicultural Task Force has met monthly to: develop multicultural nutritional assessment tools and education and training materials; review existing nutrition education and outreach materials for cultural appropriateness and translation; identify and develop strategies for conducting outreach to different cultural groups; and identify strategies to increase breastfeeding rates among cultural groups. Participation from local program staff included the following ethnic groups: Haitian, Puerto Rican and other Hispanic, Cambodian, Portuguese, Cape Verdean and Persian.

The WIC-MCH Nutrition Education Task Force (NETF) is a coalition of WIC-MCH nutritionists. The goal of the Nutrition Education Task Force is to serve as a resource for providing relevant and appropriate print and audiovisual nutrition education materials for WIC and MCH clients.

This is achieved primarily through the development and production of print materials covering topics of interest identified by participants and local program staff. All materials are field-tested for comprehension and relevance. The Task Force also reviews existing audiovisual and print materials and makes recommendations regarding the acceptability of their use with participants. As such, the Task Force serves as a key element in maintaining quality nutrition services through the provision of culturally appropriate and relevant education materials.

1. Develop new nutrition education materials and review and revise available nutrition education materials.
  - o Developed and distributed the following new pamphlets: "Healthy Teeth", "Weaning Here's How", "Baby Bottle Tooth Decay", and "Pictorial Prenatal Nutrition Guide".
  - o Reviewed and commented on the "WIC Nutrition Education Handbook". This handbook provides guidance on the planning and provision of individual and group nutrition education contacts. Lesson plans that are short interact and fun are included for use by local program nutrition staff.
  - o In coordination with WIC Multicultural Task Force, completed and distributed the spanish translation of the pamphlet "Gestational Diabetes".
  - o Reviewed and updated: Preschool Feeding Guide and Children's Diet Questionnaire to reflect 1989 RDAs.
  - o Initiated an in-depth interview process for pretesting nutrition education materials. This method combines techniques of group evaluation (focus groups) and field testing to receive participant feedback on newly developed nutrition education materials.

- o EMPOWERED thirteen videos and three printed materials. Recommended eight videos for use in local programs; recommended one of the printed materials. The state office purchased six videos in English and two in Spanish, and provided ordering information for the remaining materials to local programs.
- 2. Translate and revise, for cultural appropriateness, nutritional assessment tools, staff training materials and participant educational materials.

The following materials were translated:

- o WIC Diet Questionnaires (for all categories): Spanish, Portuguese, French, Cambodian, Laotian.
- o "How to Use the WIC Checks" Vietnamese, Spanish, Portuguese, French, Cambodian.
- o "Shots Needed" (for notification of immunization needs): Spanish, Portuguese, French, Vietnamese.
- o Nutrition education materials in the following languages:

Portuguese:

- o "Healthy Teeth"
- o "Baby Bottle Tooth Decay"
- o "Foods to Grow On"
- o "A Healthy You. A Healthy Baby"
- o "Catch an Iron Star"
- o "Preschool Feeding Guide" (started)

Spanish:

- o "Weaning: Here's How"
- o "Shape Up to Good Health"
- o "Baby Bottle Tooth Decay"
- o "Eat Smart with Farmers' Market Vegetables and Fruits"
- o "Gestational Diabetes"
- o "Preschool feeding guide" (started)

Cambodian

- o "Weaning: Here's How"
- o "Healthy Teeth"

French:

- o "Healthy Teeth"
- o "Baby Bottle Tooth Decay"
- o "Catch an Iron Star"
- o "Kick the Bottle habit" (started)

Developed "Breastfeeding Questions and Answers for Teens, A New Mother a New Baby", a pamphlet targeted to Hispanic teens.

Reviewed the following videos:

"Intro to Puerto Rican Foods"  
"Choose Cambodian foods wisely"  
"WIC: Available to the Haitian Community"



- C. Review and revise the training process, training materials and required competencies for local program paraprofessionals so as to achieve CPA II status (Competent Professional Authority for certifying low-risk participants).

The Nutrition Paraprofessional Training Committee was formed in 1991 to review and revise the training process, procedures and materials for training paraprofessional staff. Members met regularly throughout FY 92. The following accomplishments were achieved:

- o Completed a needs assessment which identified training issues, training needs and job expectations for paraprofessional staff. Senior Nutritionists and Nutrition Assistants were also included in the survey. This information has been used in the identification of immediate and long-term training and staff development needs.
- o Reviewed and revised current job descriptions for Senior Nutritionists and Nutrition Assistants with regards to
- o Reviewed and revised Idaho, Florida and California WIC paraprofessional training modules to reflect Massachusetts WIC policies, procedures and standards. The modules represent a standardized competency based program. Several modules are currently in the final production phase:

#### CPA I

Orientations to Paraprofessional Training Program  
Introduction to WIC  
Basic Nutrition  
Biochemical Assessment  
Anthropometric Assessment  
Dietary Assessment  
Risk Assessment, Food Package Assessment and Documentation  
Counseling and Referrals  
Cultural Foods  
Preschool Nutrition

#### CPA II

Prenatal Nutrition  
Breastfeeding Promotion and Support  
Infant Nutrition  
Postpartum Nutrition

The following topics were identified for future modules to be added to complement the basic modules and give additional nutrition information and enhance intervention skills. These modules will require updating and development of post-tests to evaluate staff competencies.

Overweight  
Iron Deficiency  
Lead  
Calcium  
Immunization/Health Promotion



A trainer's guide to provide guidance in the training and evaluation of staff is being prepared for use by Senior Nutritionists.

- D. Establish a committee to review documentation requirements and procedures, and to develop coordinated certification forms for local WIC programs integrated into medical services.

Completed. The committee was established and reviewed current documentation requirements and forms. WIC certification forms were revised to meet documentation requirements of the Joint Commission for Hospital Accreditation so that the forms can be utilized as an acceptable medical record form. The new forms are currently being utilized in one local WIC program.

- E. Collaborate with the Program and Food Delivery sections on local program monitoring, consultation and technical assistance responsive to identified needs.

Ongoing. See Program 4D.

Technical assistance was provided to local programs on request or as deemed necessary by state WIC staff. Nutrition staff conducted three technical assistance visits in addition to ongoing phone consultations.

Reviewed and monitored the local program's Nutrition Education Action Plans to ensure that local program services provided at least two nutrition education contacts to each participant during their certification period and breastfeeding promotion to prenatal participants and support to all breastfeeding women.

- F. Provide in-service training and education for all local program nutrition staff, including coordinating with Primary Care-Community Health and other DPH programs.

Due to the demands of WIC 2 conversions and other priorities which included the WIC Immunization Initiative, the in-service training program provided intense training on immunization tracking and followup, as well as related coordination and referrals. Additionally, information on programs offered by other agencies/organizations were shared with local programs and appropriate WIC continuing education credits were awarded for attendees.

- G. Monitor the food package tailoring system to assure appropriate and optimal nutritional benefits for all participants at a reasonable cost.

1. Review and revise food package amounts to reflect the 1989 National Research Council's Recommended Dietary Allowances.

Due to the demands of WIC 2 conversions and others priorities and activities, this objective was postponed to FY 93.

2. Monitor the food package prescriptions to ensure appropriateness with regards to participant nutritional needs.

Ongoing. State nutrition staff provide consultation to local program nutrition staff regarding the tailoring and issuance of WIC food packages, including special formulas.

The "Food Package Issuance Report" is now available through WIC 2 on a monthly basis. This report documents the issuance of all food packages by participant category, and is reported by local program site, local program totals and statewide totals. It provides up-to-date information on the tailoring of food packages, prescription of formula to breastfed infants, prescription of non-contract and specialized metabolic formulas and special food packages i.e. homeless, special milk, etc. This report is reviewed by state nutrition staff and distributed to local programs.

3. Collaborate with the Food Delivery section on review and identification of new and appropriate foods for homeless participants.

Due to the demands of WIC 2 conversions and other priorities and activities, this objective was postponed to FY 93.

- H. To plan and conduct statewide in-service education programs, including the Fall Paraprofessional In-Service Training Program and the annual Statewide WIC Conference.

The FY 91 fall paraprofessional in-service held September 17, 1991, focused on child nutrition and group education ideas. Guest speakers included Linda Piette, M.S., R.D., who presented on "Nutrition and Developmental Feeding Skills for Children Ages One to Five," and Candace Combe, M.S., who spoke on "Effective Group Education for Parents of Preschool Children". Fifty Nutrition Assistants were in attendance.

The FY 92 fall paraprofessional inservice program will be held on September 24, 1992. The focus will be on anthropometry and childhood obesity.

Due to the demands of WIC 2 conversions, caseload expansion and other priorities and activities the statewide WIC conference was rescheduled for October, 1992.

- I. Collaborate with Program and Food Delivery sections to provide three training sessions for new local program staff.

The 3-day New Staff Training was provided to a total of 121 new staff in December, March and June.

- J. Investigate and begin planning and development of a WIC Training Center to ensure standard application of policies and procedures and the provision of quality services in local WIC programs statewide.

A proposal was submitted to USDA-NEO requesting discretionary funds for a WIC Training Center. The Center would provide standardized training to all new employees and existing employees, and would be integrated into a local WIC program in the Boston area. The request was for \$197,558 for the first year of operation and \$164,288 for the second year.

- K. Review new federal regulations and FNS Instructions to develop and implement new or revised policies and procedures as appropriate.

Comments were prepared, as requested by USDA, on the proposed expanded food package for exclusively breastfeeding women. This food package is intended to provide an incentive for women to exclusively breastfeed by offering a food package with additional juice, cheese, both peanut butter and dried beans, carrots, and canned tuna fish. The food package will be finalized in FY 93.

Massachusetts WIC policies and procedures regarding "pending" bloodwork values for WIC certification were reviewed and revised.

- L. Provide guidance and technical assistance regarding group nutrition education and procedures for documentation of nutrition education sessions in a masterfile.

Completed. Policies and procedures for the provision and documentation of group follow-up nutrition education were completed.

This information was initially presented to Senior Nutritionists at a statewide business meeting. Technical assistance in the planning and implementation of the procedures was provided to each local program as part of WIC 2 conversions. All FY 92 Nutrition Education Action Plans were reviewed for the implementation of group nutrition education. Technical assistance and consultation was provided as needed.

In response to additional needs and requests from local programs, the "WIC Nutrition Education Handbook" was developed. It is currently in the final review process. This handbook provides detailed information on the planning, scheduling, provision and documentation of nutrition education, particularly group certification and follow-up sessions. The handbook provides activity plans which are fun, practical and require limited preparation. The handbook is written for use by both nutrition professional and paraprofessional staff, as well as for meeting training needs.



3. To collaborate and integrate with other programs to assure the provision of quality nutrition services and referrals.

- A. Collaborate with DPH programs, including Primary Care-Community Health, Office of Nutrition, Adolescent Health Programs, Perinatal Health program and other maternal and child health programs in the Bureau of Parent, Child and Adolescent Health, and the AIDS Office to provide quality services and referrals.

Ongoing. Nutrition staff collaborated with DPH programs to facilitate integration of service delivery. Participation on the Refugee Health Advisory Committee, Committee for Culturally, Linguistically Relevant Health Education, Project Prevention Task Force and Nutrition Surveillance Working Group, as well as individual projects, provides networking and integration to ensure quality nutrition services and referrals.

Nutrition staff provided updates regarding WIC nutrition services to the MCH nutritionists at their bimonthly business meetings to enhance the collaboration and coordination of services.

Nutrition staff provided an inservice to over twenty Healthy Start caseworkers on prenatal nutrition and breastfeeding.

Nutrition staff participated in the Early Intervention Conference focusing on efforts to coordinate nutrition services and ensure referrals between WIC and Early Intervention. On-going efforts to coordinate services continue.

Nutrition staff participated in the "Breastfeeding and HIV Infection" forum, as well as follow-up meetings of the Women and HIV Committee which is developing a breastfeeding and HIV policy statement.

Collaborated with Cooperative Extension's Expanded Food and Nutrition Education Program (EFNEP) coordinators to discuss materials for use in training of paraprofessionals and for use with participants in both programs. Efforts are being made to have materials present consistent messages as well as similar dietary guidance. In addition, ongoing efforts to coordinate nutrition services and ensure cross-referrals continue.

WIC nutrition staff collaborated with staff from the Department of Food and Agriculture and Cooperative Extension to develop, print and distribute educational materials for use with the distribution of Farmers' Market Coupons. Lesson plans for providing group nutrition education sessions utilizing the pamphlets were developed and distributed. Lesson plans included sessions targeted to adults and children.



The WIC 2 MIS Referral Resource Guide was completed. This resource guide was developed to provide information on the programs listed on the certification forms, and in the WIC 2 system. This packet included a variety of informational brochures and an updated list of "800" numbers.

For additional information see Administration and Management IE.

- B. Continue to collaborate with the DPH Division of Substance Abuse to provide educational materials and referral information for WIC local program staff and participants with regard to substance abuse.

Ongoing. Nutrition staff provide referral information and newly available educational materials regarding drug and alcohol abuse to local programs.

- C. Continue coordination and collaboration efforts with Medicaid and DPH Office of Nutrition in the provision of specialized medical formulas to WIC-Medicaid participants

Ongoing. WIC nutrition staff collaborated with Medicaid and the Office of Nutrition to ensure the timely provision of special metabolic formulas to WIC-Medicaid participants. Special guidance was provided to local program nutrition staff to ease and expedite the referral process between medical care providers and Medicaid.

- D. Continue collaboration efforts with the State Immunization Program to ensure that WIC participants are appropriately immunized.

WIC Staff collaborated with the State Immunization Program to continue the implementation of the WIC Immunization Initiative. Activities included:

- 1. Completing the redesign and testing of the new immunization automated system. This system was added to the WIC 2 system and facilitates the tracking, forecasting and follow-up of participant immunization, as well as reports protection levels of each immunization for local programs and the state. Hepatitis B and tuberculosis tracking is included in this system.

Local program conversion to the immunization system began in March with three pilots, Somerville-Medford, South End and Franklin County WIC Programs. Statewide conversion occurred in May.

2. WIC policies and procedures were developed on the collection and documentation of immunization information. Participant education materials and referral information to be utilized by local program staff was evaluated and selected. A reminder notice for parents/caregivers to bring their child's shot record was developed, and translated into Spanish, Portuguese, and Chinese. A "Shots Needed" form was developed to provide information on participant immunization needs within the next six months. This form is available in English, Spanish, French, Portuguese and Vietnamese.

3. State WIC staff collaborated with State Immunization Program and Tuberculosis (TB) Program staff to develop a statewide immunization training program. This program presented information on: 1) the need for immunizations, 2) assessing immunization schedules and needs, 3) facilitating appropriate immunizations through referral to and utilization of existing health care, 4) WIC policies and procedures on the collection and documentation of immunizations and participant education, and 5) the new automated immunization system. This training program was provided to over 200 state and local WIC program staff.

Local WIC program staff were provided with pamphlets, posters, informational flyers, immunization records and other materials for use in on-going training and education of staff, in nutrition education sessions with participants and for display in counseling and waiting rooms.

4. Completed a physician mailing on the WIC Immunization Initiative, outlining WIC's efforts and activities to ensure age-appropriate immunization for WIC infants and children.

5. The State Nutrition Coordinator participated in the development of the Massachusetts Immunization Action Plan (IAP) and the Boston IAP. These plans were submitted to the Centers for Disease Control in response to the release of \$46 million for funding grass-roots coordinated efforts to achieve the year 2000 national goal of having 90% of children under two years of age fully immunized. Participation in this effort included attending a CDC conference in Atlanta in April, weekly meetings with the State Immunization Program staff, attendance/presentation at coordination meetings, drafting the WIC portion of the IAP for presentation to local WIC Program Directors and Senior Nutritionists, and final development and submission of the WIC component to Boston's and Massachusetts' IAPs.

- E. Collaborate with organizations and agencies outside the Department to sponsor statewide conferences on nutrition issues for mothers, infants and children.

Completed. State nutrition staff participated in the planning and provision of a statewide conference coordinated by the March of Dimes with WIC as one of the co-sponsors. The conference entitled, "Enhancing Partnerships in Perinatal Health: Exploring Family-Centered Care" was held in Marlborough, May 18-19, 1992. Session entitled "Cultural Sensitivity in Healthcare Delivery" was presented by the State Coordinating Nutritionist for Special Target Populations.

- F. Participate on DPH task forces and work groups that contribute to the provision and integration of quality nutrition services and referrals.

Ongoing. Nutrition staff participated in the following task forces:

- Massachusetts Nutrition Board
- Refugee Health Advisory Committee
- Committee for Culturally, Linguistically Relevant Health Education
- MassCHIP
- WIC-MCH Nutrition Education Task Force
- Nutrition Surveillance Working Group
- Women and AIDS Task Force

4. Participate in the conversion of local programs to WIC 2 and provide technical assistance, consultation, and support to programs converted to the new program.

- A. Continue participation in the conversion of local programs to WIC 2.

Completed. Nutrition staff participated in the planning and development of the local program training program for MIS conversions. Training materials, policies and procedures, and planning tools were developed and provided to programs in preparation for conversion.

Every local program received technical assistance prior to MIS conversion with regard to the provision of nutrition services, scheduling and staffing patterns.

Nutrition staff participated in the training and conversion of all local programs, providing guidance in clinic flow, documentation, staffing roles and responsibilities, food package prescription, and nutrition education contacts.

Nutrition staff have assisted in maintaining back-up staffing for the WIC Help Desk.



- B. Plan, develop and implement training for local program staff regarding nutrition services as appropriate with policy and procedures changes.

Ongoing. See 4A above.

- C. Provide technical assistance and consultation to local program nutrition staff in planning, implementation and evaluation of quality nutrition services through the use of WIC 2.

Ongoing. See 4A above.

The review and distribution of the monthly WIC Nutrition Risk Factor Reports and Food Package Issuance Reports have provided local program nutrition staff information for planning and providing nutrition services responsive to nutritional needs. The WIC Risk Factor Report documents the risks assigned to participants by category.

- D. Review and revise State Plan nutrition guidelines and nutrition staff training modules and protocols to reflect changes from WIC 2 implementation as it affects nutritional assessment, nutritional risk identification, food package prescription, counseling and education and referrals.

Completed. State Plan Procedure Manual nutrition guidelines have been reviewed and revised to reflect changes from WIC 2. New staff training sessions have all been reviewed and revised so that all information, policies, procedures and forms reflect WIC 2 changes. All WIC forms have been revised to reflect changes of WIC 2 and streamline documentation.

For additional information on referrals, see 3A above.

- E. Participate in the development, design and implementation of an immunization system which tracks and documents WIC participants' immunizations.

See 3D above.

- F. Collaborate and coordinate with the Office of Nutrition and BPCAH-Division of Statistics and Evaluation in the collection and utilization of data for the CDC Pediatric and Prenatal Nutrition Surveillance System.

Ongoing. Collaborated with Office of Nutrition, Nutrition Surveillance Coordinator and BPCAH-Division of Statistics and Evaluation in the collection of data for the CDC Prenatal and Pediatric Nutrition System from WIC 2. The Prenatal Nutrition Surveillance System (PNSS) relates health, nutrition and behavioral risk factors to birth outcome.



WIC System's staff has completed and sent out the CDC PNSS tape which contains health data such as birthweight, breastfeeding, and smoking/drinking habits on WIC women who delivered babies from January, 1991 through September, 1991. Subsequent tapes will be sent to CDC on a quarterly basis.

Pediatric Nutrition Surveillance monitors incidence and prevalence trends of nutritional status relating to growth and physical development in infants and children. The preliminary test runs and tapes are in the developmental phase.

Surveillance data will be used at the state and local program level for funding, planning and providing nutrition services.

5. To collaborate with the Fiscal, Program, Systems and Food Delivery sections on issues involving local program, including the development of a Request for Proposal and award of contracts for program and nutrition services.

Ongoing. Nutrition staff participated in data collection and analysis of local program staffing as well as discussion and recommendations regarding staff and salary adequacy and staffing patterns for the FY 92 contracts amendments and FY 93 contracts.

Nutrition staff participated in the development of the Request for Proposals and review of submitted proposals.

See Fiscal 2F and 8.

In addition, the following activities were undertaken in FY'92:

- Jan Kallio, State Nutrition Coordinator, was nominated to serve on the USDA/NAWD WIC Paraprofessional Guidance Special Committee set up to respond to national issues of roles and responsibilities of paraprofessionals in WIC service delivery. The Committee met in March to draft a position paper regarding this issue. The paper was drafted and presented at the NAWD meeting in April. The paper entitled, "Quality Nutrition Services in the WIC Program" presents strategies and standards to ensure the provision of quality nutrition services by competent WIC staff. The final paper will be available during Fall, 1992.
- State nutrition staff provided the following presentations outside DPH:
  - o "Cultural Issues in Nutrition Counseling" at Framingham State College
  - o "Experiences in Community Nutrition" at Framingham State College
  - o "Introduction to WIC" at Framingham State College
  - o Information on WIC certification process and nutrition services to nursing and dietary staff at Children's Hospital

In addition, WIC nutrition staff met with Nutrition Department staff from Framingham State College to provide input on the content of the new community nutrition course that will be taught as a required course for a BS in nutrition. Discussion also focused on continuing education needs for current WIC nutrition staff.

- The WIC Lending Library Listing was developed and distributed. This Listing details all A/V's available for loan (slides, audio-tapes, videotapes, flipcharts, films, and flimstrips), by categories: breast-feeding, children, general nutrition, infants, prenatal, special topics, substance use and training. A description of each listing is provided. This booklet will be helpful for selecting materials for use in secondary nutrition education group sessions.
- State nutrition staff reviewed and commented on the FNS, Nutrition and Technical Service Division draft publication entitled, "Nutrition and Feeding During Infancy: Handbook for Use in the WIC and CSFP Programs".
- Nutrition staff and staff from Office of Statistics and Evaluation reviewed the data and statistical reporting of the original WIC Breastfeeding Study Report (1986) to resolve and correct statistical and reporting discrepancies found in document. The extensive review resulted in major revisions to the report. The revised report will be available during the Fall, 92.
- Nutrition staff attended the first National WIC Nutrition Services Meeting in Memphis, Tennessee, August 1991, entitled, "Challenges, Changes and Choices, Skill Building and Sharing". The meeting provided information and ideas on ways to improve the quality of nutrition and health-related services for participants, breastfeeding promotion, staff development and training, educational materials development, coordination of services and immunizations.

Joy Ngo, presented a session entitled: "Effective Nutrition Education Strategies". Her presentation reviewed successful and innovative strategies and methods for providing nutrition education to WIC participants. Topics included practical approaches to pooling resources and seeking participant input, application of appropriate communication methods, and establishment of effective nutrition education initiatives. Approximately 125 were in attendance.

- The State WIC Director, Nutrition Coordinator and other staff established and carried out a plan to conduct group certifications at selected local programs in an effort to increase participation. State nutrition staff were instrumental in adding 507 participants to ten local programs by conducting group certifications for prenatal women, postpartum teen breastfeeding women and their infants, and children.

# REVIEW OF FISCAL YEAR 1992 GOALS AND OBJECTIVES

## FISCAL

To maximize utilization of available funds and ensure timely and accurate receipt, disbursement and accounting of all funds used to support WIC services throughout Massachusetts.

The primary Fiscal objectives for FY 92 were:

1. To monitor food costs and modify food vouchers and packages in conjunction with the Program, Nutrition, Systems and Food Delivery sections to provide optimal nutritional benefits at a reasonable cost.

- A. Monitor the automated system of food package cost identification by priority and category, and modify as necessary.

Ongoing.

- B. Maintain a system of counting participation on a monthly basis by priority and target population, and modify as necessary.

Ongoing. The participant count is now achieved through use of reports generated by WIC 2.

- C. Maintain the detailed system for projecting and tracking food costs in order to monitor inflation, project participation, and make predictions on the basis of available data.

Ongoing.

- D. Maintain the system which incorporates infant formula rebate dollars and expenditures into the system for tracking food costs and expenditures, and modify as necessary.

Ongoing.

2. To insure proper, precise and timely disbursement of funds for contracted services.

- A. Prepare and monitor transfer of weekly drawdowns of federal funds.

Ongoing. Drawdowns of federal funds are prepared and monitored on a weekly basis.

- B. Prepare 498 reports for timely submission; continue to refine computerized system.

Ongoing. Monthly reports are prepared using a computerized system that has been modified to incorporate the effects of infant formula rebate.



- C. Maintain standard property management/inventory procedures in local agencies.

Ongoing. Local program property management files are updated as equipment is purchased. Reports are sent to local programs for verification.

- D. Prepare and distribute State Request for Proposal and award contract for the Fiscal Years 1993-1996 Banking Services based on State and Federal Banking regulations.

Completed. The Request for Proposals (RFP) for Banking Services began in November and was finalized in February and advertised in the Goods and Services Bulletin in March. Initially, six responses were received; these banks and service bureaus all attended the bidders conference which was held in late March. Two banks submitted bids on the proposal. Each bank gave an oral presentation on its proposal. The proposals and the oral presentations were evaluated and scored by an RFP Review Committee which was made up of personnel from the WIC state office, the DPH Data Processing Office and BITA in the Executive Office of Administration and Finance. Following an extensive evaluation process, Key Bank of New York, N.A. was awarded the contract. Contract negotiations are now in process, and the contract will be in place as of October 1, 1992.

- E. Continue to monitor banking services contract and integrate with WIC 2, modifying as necessary.

Ongoing. The banking contract is monitored to verify billed expenses and to ensure quality of services. Personnel from the contract bank have met with WIC staff to: 1) resolve identified operational problems, 2) plan service improvements, and 3) initiate changes which will be necessary in order to implement WIC 2. This contract was amended effective July 1, 1992 until September 30, 1992 to reflect changes due to WIC 2.

- F. Monitor FY 92 local agency contracts and amendments and develop and implement FY 93 local agency contracts, coordinating with Program, Nutrition and Food Delivery on such issues as staffing patterns, operations, and salary levels for all local program staff.

Ongoing. FY 92 contracts were implemented and amended twice to reflect augmented local program support resulting from increased assigned caseloads and funding increases. Significant collaboration with and input from the other WIC program components occurred on local program support issues.

Monitoring was ongoing to ensure timely and appropriate expenditure of funds.

- G. Provide technical assistance to local agencies on fiscal and contractual issues affecting the support of direct services and other program operations.

Ongoing. Technical assistance and training was provided to local programs for the development and submission of FY 93 budgets and on related information for local program contracts.



- H. Work with the Massachusetts Department of Public Health, Purchase of Service (POS) office to ensure that all potential WIC contractors meet requirements for WIC contracts, including assurances of compliance with the nonprocurement debarment/suspension requirements for 7 CFR part 3017.

Completed.

- I. Revise POS contract stipulations for WIC to require contracting agencies to certify that they have been debarred or suspended from participating in any transactions involving federal funds or other assistance.

Completed.

- 3. To sustain internal systems for recording and projecting state agency fiscal activities, and modify as necessary.

- A. Work with DPH Budget, Purchase of Service and Accounting offices to continue monthly analyses of expenditures and allocations and make line item adjustments to the budget or modify operations as necessary.

Ongoing. This activity is done in conjunction with the Department of Public Health's Budget Office.

- B. Maintain property management/inventory control procedures at the state agency.

Ongoing. State agency property management files are up to date and are amended as equipment is purchased.

- C. Maintain and refine the WIC automated accounting system.

Ongoing. The system is fully developed and is maintained as needed.

- D. Amend written operating procedures for WIC state agency fiscal activities as mandated by policy and procedural changes.

Completion of this activity has been postponed due to changes which have resulted from WIC 2.

- E. Review State procurement and property management policies and procedures to ensure compliance with 7 CFR 3016 and 3017.

Completed.

4. To sustain the analyses and monitoring of local program budgets, obligations and expenditures.

- A. Utilize budget and expenditure report analyses to make recommendations on local agency budgets and salary schedules and staffing patterns and review all data with Nutrition, Program and Food Delivery Staff.

Ongoing. Local agency budget and expenditure data was utilized during the FY 92 contract amendment and the FY 93 RFP and contract processes to make local program operating and contract decisions. This effort consumed a major amount of state staff time and effort over the course of the year.

- B. Conduct FY 92 local program salary survey using new contract budget data and develop reasonable marketplace salary levels for WIC positions; use this data to adapt local program salaries to minimize staff turnaround and vacancies.

Completed. WIC staff completed a FY 92 salary survey as part of the Massachusetts WIC Program's ongoing commitment to more adequate salaries for local WIC Program staff and financial support for local WIC Programs. The analysis showed that while salaries have increased in the periods from FY 88 to FY 92 and FY 89 to FY 92, overall local program average salaries continue to need improvement.

The salary study was utilized in state agency decisions regarding FY 93 contract decisions.

5. Monitor infant formula price enhancement begun July 1, 1991.

- A. Continue to analyze federal regulations and guidelines and modify system as necessary.

Ongoing.

- B. Maintain accounting system to track receipt and expenditures of infant formula rebate dollars.

Ongoing.

- C. Monitor methodology for preparing the federal monthly 498 report.

Ongoing. Improvements are made as necessary.

- D. Maintain billing system for infant formula price enhancement system.

Ongoing. An automated system generates bills for Mead Johnson Nutritionals' rebate payments. The base data is generated by a WIC mainframe reconciliation report, and this data is keyed to a PC Lotus program in order to generate a bill.

- E. Monitor issuance of standard, non-contract prescription formula on an ongoing basis.

Ongoing. A closeout report is generated which details participant use of standard non-contract and special medical formula by local program, and provides a statewide summary of such use. The percentage of infants receiving non-contract standard formula is low. This percentage will be closely monitored to ascertain trends which would have an adverse impact.

- F. Monitor vendor prices on contracted infant formula and prepare and present analysis of infant formula purchase trends.

Ongoing. A system has been developed to monitor vendor prices on all WIC foods (at present this is accomplished through a vendor sampling strategy), and infant formula price changes can be easily assessed.

6. To continue to reduce food costs for the Massachusetts WIC Program.

- A. Explore the feasibility of major methods of cost containment for other WIC food items, and as feasible, implement appropriate strategies.

Ongoing. Staff has followed cost containment activities of other state WIC programs. Given the low level of WIC food cost inflation and the intensity of the WIC 2 initiative, initiatives were not viewed as feasible.

7. Begin working with Unit Rate Work Group and the Office of Purchased Services at the Executive Office of Administration and Finance to develop a reasonable unit rate. Hold hearings in the winter of 1992, if approved by the Department of Public Health and the Office of Purchased Services of EOAF.

This activity was not carried out due to the development and implementation of the component pricing purchase of service system now used for all Massachusetts community service contracts.

8. Prepare and distribute Request For Proposal for the State Fiscal Year 1993-1996 contracts with local agencies based on the requirements for Statewide Services for WIC.

Completed. Development of the Request for Proposal for Local Program Services (RFP) was initiated in November and completed in January, with notice in the Goods and Services Bulletin in late January. The WIC RFP was for the state contract year FY 93 with contracts renewable annually up to four times subject to appropriation and satisfactory program evaluation. Following wide distribution of the Notice To Bid and RFP materials, the RFP resulted in the receipt of thirty nine proposals to provide WIC services in thirty-six defined geographic service areas, including all the cities and towns in the Commonwealth.



The Proposal Review Committee was comprised of representatives from the DPH Bureau of Family and Community Health programs, the WIC Program and other DPH programs as well as professionals in fields related to WIC. Committee members were selected for familiarity with the needs and characteristics of the target population and experience in delivering services to high-risk women, infants and children and with community-based program development and implementation. The Committee met for three days in April to review, discuss and score the proposals per the evaluation process set out in the RFP. The Committee compared the scores for all proposals in a service area, and recommended the proposal with the highest score for award in each defined service area with a competitive bid situation. Recommendations for awards in 37 service areas were sent to the Commissioner of Public Health for the final award decision.

Competition for awards occurred in three service areas, Cape Cod, Brockton, and the Roxbury, Mattapan and Dorchester parts of Boston. The Committee recommended that the Cape could be more effectively serve by splitting the lower and outer Cape areas from the previous service area and forming a new service area. The Committee recommended that the Boston area as served by local WIC programs remain as described in the RFP, with new sites in neighborhoods without present sites. Contract award letters were mailed during the last week of May. Three appeals were received, with one withdrawn.

Based on the RFP awards and increased caseload assignments, the contracts have been negotiated and finalized for the state fiscal year beginning July 1, 1992.

This seven month long activity involved significant state office staff effort and time from other WIC program components as well as that of fiscal.

9. To review new federal regulation and FNS Instructions and develop and implement new or revised policies and procedures as appropriate.

Ongoing.

In addition, the following activities were undertaken in FY 92.

- The Assistant Director attended the NAWD Annual Conference in April, 1992.
- The Audit Manager was hired and a training program instituted.
- A training video on computer security at local WIC programs was produced in English and Spanish, as well as for the hearing impaired.



## REVIEW OF FISCAL YEAR 1992 GOALS AND OBJECTIVES

### CHECK SYSTEMS

The primary Check Systems objectives for FY 92 were:

1. To implement the WIC 2 automated check system; train Local Program staff and provide technical assistance.

Ongoing. All local program staff have been trained in the use of the WIC 2 automated check system as of November, 1991. Each conversion team had a Check Systems staff member who was familiar with both the functioning of the check portion of the new MIS, the procedures for handling blank check stock, and accountability procedures surrounding proper issuance of checks.

Check Systems staff also functioned in the role of Team Leader on nine local program conversions. Responsibilities included coordinating with computer staff that was installing the local program hardware and software, working with local program directors to "clean up" old system databases prior to data conversion, and organizing training materials (including portable computers), schedules, etc.

Check Systems staff who were not in the field provided technical assistance to both the teams that were in the fields and to local programs after their conversion to WIC 2. Staff also participated in weekly MIS planning meetings.

Extensive technical assistance to both state staff (including Help Desk personnel) and local programs is ongoing in response to further refinements in the system.

2. To develop and implement procedures for use of the WIC 2 check system.

Ongoing. Procedures for the use of the WIC 2 check system were developed and included in the MIS Appendix that was used for training during local program conversions. These procedures addressed issues such as check security and accountability, check issuance, voiding and reissuing checks, package changes, etc. Procedures reflecting WIC 2 system enhancements/refinements will be incorporated into the revised procedure manual.

3. To maintain accountability within both old and new check systems during the transition period. Analyze the new system and develop further accountability systems as needed.

Ongoing. The maintenance of both check systems in conjunction with training local program staff and ongoing development of the new system was a major task.

The last set of old check accountability reports were run in April of "92". Followup is being conducted with programs that have outstanding old system accountability reports.

Procedures for processing daily and monthly mainframe reports were developed. Local programs with information on daily data edit reports, data reject reports, and Multiple Issuance reports are contracted by phone. Monthly reports listing Potential Dual Certifications and void checks presented for payment are mailed to local programs.

As WIC 2 accountability reports become functional or are refined, procedures will be updated and technical assistance given to local programs.

4. To participate in the development and issuance of a Request for Proposal for banking services and awarding of the new contract.

Ongoing. The Request for Proposal for Banking Services was developed and issued to interested vendors. Information was provided for inclusion into this document to ensure adequate check stock supplies, secure storage and delivery of check stock to local programs, and accountable systems for dealing with the disposition of checks.

Vendor responses are presently being evaluated; a contract will be awarded by September 1, 1992.

5. To collaborate with other program components on issues involving local programs, including the development of a Request for Proposal and award of contracts for program and nutrition services.

Ongoing. The Request for Proposal for Local Program Services was developed. Changes reflecting WIC 2 automated check issuance were added to the proposals as well as language delineating fiscal responsibility in instances of gross neglect of proper check issuance protocols. Check Systems staff participated in the WIC Program review of submitted proposals. These changes were subsequently added to the contracts for State Fiscal Year 93. Collaboration with Nutrition and Program sections occurred around issues of local programs hours of operation, management capabilities, number of sites, and staffing patterns with regard to final contracts.

6. To work with Nutrition Section on development of new food packages for homeless participants and other food package changes as necessary.

Ongoing. Food packages for homeless participants have been implemented. Coordination with the Nutrition Section will continue during the Spring and Summer as changes in WIC foods are discussed.

7. To review new federal regulations policy and procedures and develop and implement new or revised policies and procedures as appropriate.

Ongoing. Security issues surrounding check stock and local program equipment were addressed through a security survey and phone calls. Followup regarding these issues will be provided at local program audits.

In addition the following activities were undertaken in FY 92.

- New staff training for 3 Program Directors and Program Assistants in December 92.
- Participated in training local programs to use the Immunization System.





## REVIEW OF FISCAL YEAR 1992 GOALS AND OBJECTIVES

### VENDORS

The primary Vendors objectives for FY 92 were:

1. To implement vendor system of new WIC MIS; train local program staff and provide technical assistance.

Complete. The existing vendor system has been implemented as part of WIC 2 MIS. Local program staff was provided with technical assistance throughout WIC 2 conversions.

2. To implement new Federal vendor regulations when final and to review other new regulations policies and procedures and develop and implement new or revised policies as appropriate.

In process. The proposed federal regulations were reviewed and comments sent to USDA. Revised policies and procedures will be developed and implemented after final regulations are promulgated.

3. To monitor new vendor contracts at start of 3-year contract cycle; investigate 30 highest-risk vendors and sanction as appropriate.

In process. Investigations were completed on seventy-five vendors, including thirty-six vendors identified as high risk and all new vendors. Seventeen have been disqualified to date, with a number of fair hearings for appeals pending.

4. To work with Nutrition Section on development of new food packages for homeless participants and other food package changes as necessary.

Ongoing. New food packages for homeless participants were developed and implemented. Additional food package changes are being made as necessary, with retail vendors notified in a timely manner.

5. To participate in the development and issuance of a RFP for banking services and awarding of the new contract.

In process. The Banking Services RFP was developed and released in March. Following review and scoring of the submitted RFPs the award was made to Key Bank of New York, N.A., the current contractor, and contract negotiations are in process. The contract will be finalized in time to start up as of October 1, 1992.

6. To collaborate with other program components on issues involving local programs, including the development of a Request for Proposal and award of contracts for program and nutrition services.

The RFP for Local Program Services was developed, and the contracts awarded. The contracting process that addresses special programmatic issues was implemented as part of state FY'93 contracts.

7. To investigate feasibility of development and implementation of electronic benefit transfer.

In process. Staff attended two conferences on electronic benefit transfer (EBT), and literature on EBT was reviewed throughout the year.

In addition, the following activities were undertaken in FY'92.

- WIC vendor staff coordinated the development and letting of bids and processing of awards and contracts for WIC retail and pharmaceutical vendorships in service areas where openings existed.

# REVIEW OF FISCAL YEAR 1992 GOALS AND OBJECTIVES

## SYSTEMS

The primary Systems objectives for FY 92 were:

1. To continue collaboration with DPH, OMIS, USDA/NERO, and Andersen Consulting on the implementation of WIC 2.

Ongoing. WIC 2 implementation was successfully completed as of 12/1/91. Consultation with DPH, OMIS, and USDA/NERO continue as the system is enhanced and optimized. Collaboration with Andersen Consulting was completed on May 1, 1992 with the final acceptance of the WIC 2 programs.

- A. Collaborate with Nutrition, Program and Food Delivery on the implementation of WIC 2.

Ongoing. Nutrition, Program, Vendors and Check Systems were integral partners in the conversion of Local Programs to the WIC 2 system. Conversion teams were comprised to staff from each of these areas as well as one system staff person. Collaboration continues as WIC 2 is enhanced and refined.

- B. Review processing and output of new MIS to ensure that it conforms to Massachusetts' requirements and standards.

Ongoing. Processing and output from WIC 2 MIS has been ongoing and modifications have been made as needed. As the system is refined, reports will be refined, added or removed as needed.

- C. Ensure thorough documentation of WIC 2.

Ongoing. Documentation of the system was provided by Andersen Consulting, modifications have been documented in the SIR (System Investigation Request) process, new system procedures are documented in the MIS Appendix and the Administrative Manual. A new, comprehensive user manual has been started with the first draft due in September, 1992.

2. To maintain consultation with users of WIC 2.

Ongoing. User collaboration was achieved through several groups, MIS Planning Group, MIS Work Group and the MIS LAN Group. In addition, site evaluations, site installation, business meetings and the Help Desk have been effective resources for maintaining communication and collaboration with users of WIC 2 system.

- A. Coordinate MIS Work Group of local program staff.

Ongoing. The MIS Work Group met every two months for updates on the process of the WIC 2 system and discussion about policies and procedures for WIC 2.

B. Coordinate MIS Planning Group of state staff.

Ongoing. The MIS Planning Group met once a week to discuss design, implementation, operation and enhancements to WIC 2. The group will continue to meet to discuss operational issues and enhancements.

C. Ensure that local programs are kept informed about progress toward WIC 2.

Ongoing. Local Programs were given an update to the overall status of WIC 2 at business meetings and at the MIS Work Group. Information about WIC 2 was also conveyed during site evaluations by state agency staff. Site installation and conversion was used to train the users in the use of the new WIC 2 equipment and system. Updates will continue as enhancements are made to the system.

3. To continue installation and maintenance of hardware, software and networks as needed.

Ongoing. Installation of hardware and software was completed at all WIC sites in Massachusetts. A preventative maintenance and upgrade program was initiated in May and will continue as needed. New sites are also being prepared and added due to increased caseload.

A. Prepare new sites for installation.

Ongoing. All remaining sites were visited and prepared for installation. Local program directors were given instructions on how to prepare. New sites and upgrades are now being prepared for new equipment due to caseload expansion.

B. Install software and hardware.

Ongoing. All remaining sites were installed with hardware and software for conversion to the WIC 2 system. Upgrades and new sites are now being installed.

C. Monitor and adjust networks as needed.

Ongoing. All equipment is regularly monitored and adjusted. Monitoring occurs during executable upgrades, equipment upgrade, preventive maintenance, during Help Desk calls (as appropriate) and quarterly via modem communications.

D. Provide technical and application support to local programs as needed.

Ongoing. Technical and application support was provided during site conversions, via memorandum, at business meetings, at the MIS Work Group and via the Help Desk.



4. To ensure a smooth transition from old MIS to WIC 2.

Completed. Transition from old MIS to WIC 2 was achieved by using conversion teams made up of state staff from the major functional areas. Complete staff involvement provided a smooth transition. In addition, conversion progress was monitored and adjusted to ensure a smooth and successful conversion from old MIS to WIC 2.

A. Monitor for inconsistent and invalid data on the masterfiles in preparation for conversion to WIC 2.

Completed. Inconsistent and invalid data on the masterfile was reviewed weekly for all local programs and problem local programs were identified. One month prior to conversion, local programs were contacted about cleaning up their masterfile and a plan was put in place for insuring data errors were less than five errors by the conversion date.

B. Coordinate processing of old and new systems.

Completed. Participants were terminated from the old system as they were converted to the new system. While both old and new systems were running, parallel reports from both systems were used. Processing of the old MIS was modified as inputs and outputs were phased out. The last printing of centrally processed vouchers was on 10/21/91. The final MIS reconciliation of the old system was run on 4/23/92.

C. Provide technical support for local programs.

See 3D above.

5. To manage conversion of remaining local programs to WIC 2.

All local programs were successfully converted to the WIC 2 system as of 12/1/91.

6. To provide training, technical assistance and training materials to users.

Ongoing. Training, technical assistance and training materials were provided during conversion of local programs to WIC 2. A comprehensive analysis is now being made of our current and future training needs and will be presented to USDA in a future APD-Update.

A. Provide intensive training during conversion of each local program.

Completed. Training teams of four to eight staff provided intensive training for each local program. Three days of preparatory training plus four days of post-conversion support was provided. All sites were supported during conversion by state agency staff.

- B. Provide follow-up training and support, including a hotline number and help desk, as needed after conversion.

Ongoing. Follow-up technical support is provided by state agency staff when reported to the Help Desk. Follow-up training is provided during new staff training scheduled every four months and additional training is provided on an as needed basis. A comprehensive analysis is currently being made of our current and future training needs and will be presented to USDA in a future APD-Update.

- C. Ensure that state agency users are trained in use of NATURAL language for report generation.

Not completed. Some staff did complete Super NATURAL training, but this language is not currently supported by OMIS. Training in NATURAL will be included in the training analysis being conducted.

- D. Participate in site visits to review WIC 2 procedures.

Ongoing. Systems staff worked with site visit team during the preparation stage. Systems staff will be included in future site visits to evaluate WIC 2 procedures as they pertain to the WIC 2 system.

- 7. To maintain smooth operation of old MIS including production of vouchers and related management and local program reports and maintenance of Phase 1 of new MIS until WIC 2 is fully implemented. Manage overlap between old and new systems.

Completed. Participants were terminated from the old system as they were converted to the new WIC 2 System. While both old and new systems were running, parallel reports from both were used. Processing of the old MIS was modified as inputs and outputs were phased out. The last printing of centrally processed vouchers was on 10/21/91. The final MIS reconciliation of the old system was run on 4/23/92.

- 8. To maintain smooth operation of WIC 2 including software and equipment at the Local Programs and at the State Agency and software and database at OMIS.

- A. Provide program enhancements as needed during and after conversion (in ADABAS, COBOL, and Clipper).

Ongoing. Program changes are being made on a regular basis. three major upgrades and four minor upgrades were made during the year. Future upgrades will be scheduled bi-annually.

- B. Implement new immunization system.

Ongoing. The new immunization system was implemented in May, 1992. Training for local program staff was conducted on a regional basis, and local programs were converted to the new executable the following weekend. Enhancements are being planned for a new executable that will add Hepatitis-B at the local program level and modify the forecasting screens.

C. Monitor links between mainframe and PC systems.

Ongoing. Links between the mainframe and PC have been expanded and improved during the year. Increased availability and access to the system will continue during the next year.

9. To work with other program components on the development and issuance of a RFP for banking services and awarding of new contract.

Complete. Systems staff participated in the development and review of the RFP for banking services and will assist in contract negotiations.

10. To collaborate with other program components on food cost saving activities and other food package changes as necessary.

Ongoing. Changes to the food package tables were included in two of the new executable programs implemented. Systems staff collaborated with other program components in the design, review and implementation of the changes and will continue to do so as needed.

11. To review new federal regulations and FNS instructions and develop and implement or revised policies and procedures as appropriate.

Ongoing. New federal regulations and FNS instructions were reviewed and implemented as required. Work on the APD Update will continue and be submitted to USDA/NERO in the fall of 1992.

12. To collaborate with Program to provide the Minimum Dataset for the federal Report of WIC Participant and Program Characteristics for 1992.

Complete. Extensive review and cleanup of data was done with local program input, and the final PC 92 tape was submitted to ABT Associates in August.

In addition the following activities were undertaken in FY'92:

- Massachusetts WIC hosted and demonstrated the WIC 2 system for Connecticut, Idaho, New York, Oklahoma, New Hampshire, Maine and Rhode Island state staff members.
- The Assistant Director for Systems and MIS Project Director attended the National Technology Meeting in San Antonio, Texas, The Assistant Director presented the Massachusetts experience in a workshop on the benefits of MIS transfer.
- The EDP Director attended a USDA sponsored training on electronic benefits transfer in Baltimore, Maryland.
- WIC systems staff developed the systems portion of the Local Program RFP.
- Information and materials on WIC 2 and the Immunization enhancement was provided to numerous other state WIC programs on request.



- Staff worked closely with staff of the Office of Management Information Systems and with the WIC bank on implementation of WIC 2.
- 313,235 regular and 76,170 manual Farmers' Market Coupons were created for all women and children eligible to participate in the Market Program. Farmers' Market coupons were produced early to accommodate the trimonthly WIC 2 system.







MASS. HS31.2: M38/sec.2/993

# Massachusetts WIC Program

## PROCEDURE MANUAL



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Public Health





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# STATE PLAN

## Section 2: Procedure Manual

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial data and for providing a clear audit trail. The document emphasizes that every entry must be supported by appropriate documentation and that any discrepancies should be investigated immediately.

2. The second part of the document outlines the procedures for handling incoming payments. It states that all payments should be recorded as soon as they are received and that the corresponding invoice should be filed in the appropriate folder. The document also mentions that any payments received in advance should be recorded as liabilities until the goods or services have been delivered.

3. The third part of the document describes the process for issuing invoices. It requires that all invoices be numbered sequentially and that they include all necessary details, such as the date, the amount, and the terms of payment. The document also notes that invoices should be sent to the customer as soon as possible after the transaction has been completed.

4. The fourth part of the document discusses the importance of reconciling the accounts regularly. It states that the accounts should be reconciled at least once a month to ensure that the balance sheet and the income statement are accurate. The document also mentions that any discrepancies should be investigated and corrected as soon as possible.

5. The fifth part of the document outlines the procedures for handling outgoing payments. It states that all payments should be recorded as soon as they are made and that the corresponding invoice should be filed in the appropriate folder. The document also mentions that any payments made in advance should be recorded as assets until the goods or services have been received.

6. The sixth part of the document describes the process for reviewing the financial statements. It requires that the financial statements be reviewed at least once a year to ensure that they are accurate and that they provide a clear picture of the company's financial performance. The document also notes that any discrepancies should be investigated and corrected as soon as possible.

7. The seventh part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial data and for providing a clear audit trail. The document emphasizes that every entry must be supported by appropriate documentation and that any discrepancies should be investigated immediately.

8. The eighth part of the document outlines the procedures for handling incoming payments. It states that all payments should be recorded as soon as they are received and that the corresponding invoice should be filed in the appropriate folder. The document also mentions that any payments received in advance should be recorded as liabilities until the goods or services have been delivered.

9. The ninth part of the document describes the process for issuing invoices. It requires that all invoices be numbered sequentially and that they include all necessary details, such as the date, the amount, and the terms of payment. The document also notes that invoices should be sent to the customer as soon as possible after the transaction has been completed.

10. The tenth part of the document discusses the importance of reconciling the accounts regularly. It states that the accounts should be reconciled at least once a month to ensure that the balance sheet and the income statement are accurate. The document also mentions that any discrepancies should be investigated and corrected as soon as possible.



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#### IV. PARTICIPATION (cont.)

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1/7/93





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## THE STATE PLAN

THE STATE PLAN IS THE COMPLETE PLAN OF OPERATIONS FOR THE MASSACHUSETTS WIC PROGRAM AT THE STATE AND LOCAL LEVELS. IT HAS THREE MAJOR SECTIONS:

1. STATE AGENCY GOALS AND OBJECTIVES
2. PROCEDURE MANUAL
3. STATE AGENCY OPERATIONS

KEEP YOUR STATE PLAN UPDATED AS DIRECTED BY THE STATE AGENCY.

KEEP YOUR STATE PLAN READILY ACCESSIBLE FOR USE BY ALL YOUR STAFF.

## USING THE TABLE OF CONTENTS

Each section of the State Plan is listed in the Table of Contents. All numbers and letters identifying the section in the Table of Contents are repeated on the top right corner of the corresponding page(s) in the text.

For example, if you want to find the guidelines for documenting prescription formulas in the participant record, look it up in the Table of Contents and note all the numbers and letters which identify it:

### IV. PARTICIPATION

#### D. CERTIFICATION

##### 3. WIC Benefits

##### a. WIC Supplemental Foods

##### 4) Prescription Formulas

##### b) Documenting prescription formulas in the participant record

Then in the text, find the page labeled:

PART IV: PARTICIPATION  
SECTION D.3a(4b)  
PAGE: 1  
DATE: 9/89

Each page label lists the date that the page was last amended. The Date of last revision date in the Table of Contents tells you the amendment date of the most recently amended page in the section.

#### UPDATING THE STATE PLAN

Frequently, the state WIC office will send out policy changes in the form of a State Plan amendment, with a revised Table of Contents page. Make sure you insert these updates into your Procedure Manual promptly so it will always be up to date. Make a copy of the update for each Procedure Manual at each of your sites.

SECTION 1: STATE AGENCY GOALS AND OBJECTIVES

SECTION 1 OF THE STATE PLAN DETAILS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE COMING FISCAL YEAR FOR EACH COMPONENT: NUTRITION, PROGRAM, FISCAL, VOUCHERS, VENDORS, AND SYSTEMS.

SECTION 1 ALSO REVIEWS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE PREVIOUS YEAR.

Public Hearings are held each year to give interested persons an opportunity to comment on the State Plan, especially the state agency's goals and objectives.





SECTION 2: THE PROCEDURE MANUAL

THE PROCEDURE MANUAL DETAILS THE POLICIES AND PROCEDURES INVOLVED IN THE SUCCESSFUL OPERATION OF A LOCAL WIC PROGRAM.

The Procedure Manual is a reference document which details the federal regulations and state requirements for running a local WIC program. Use it to determine the requirements and to develop procedures for ensuring your program's compliance with them.

STRUCTURE OF THE PROCEDURE MANUAL

- I. THE STATE PLAN Explains the State Plan and defines the terms used in it.
- II. THE STATE WIC OFFICE Outlines the purpose, components and staff of the state WIC office.
- III. PROGRAM DEVELOPMENT Details procedures for setting up a local WIC program and describes the local program's relationships with its sponsoring agency and its community.
- IV. PARTICIPATION Explains each step in the process of certifying a WIC participant and providing WIC benefits.
- V. PROGRAM ADMINISTRATION Outlines the step-by-step process for running a local WIC program.
- VI. VOUCHERS Also called the Voucher System Manual. Gives detailed instructions for using the WIC voucher system. Use in conjunction with the WIC Local Program Computer Manual.
- VII. VENDORS Explains each procedure regarding WIC vendors.

Although the Procedure Manual is part of the State Plan, it is also a separate document that stands on its own. You may request as many copies of the Procedure Manual as you need for your staff and sites.

## FORMAT OF PROCEDURE MANUAL SECTIONS

The Procedure Manual is set up as an expanded outline, and is organized to provide you with step-by-step guidance for administering your WIC program.

Each section begins with a summary, surrounded by a box. THE INSTRUCTIONS IN THE BOXES ARE MANDATORY; THEY ARE THE BASIC RULES FOR RUNNING A LOCAL WIC PROGRAM.

The text below the boxes explains and expands on the information in the boxes, and often provides suggestions from which you can choose. Options are generally indicated with dashes or dots, while requirements are listed by number.

Use the Procedure Manual frequently. The state agency updates it often so that you will always have up-to-the-minute information on federal regulations, state requirements, and the many options you have for implementing them.

## SUPPLEMENTAL MATERIALS

The following supplemental materials are produced by the state WIC office for use in conjunction with the State Plan:

- Nutritional Risk Criteria for Certification      Nutritional risk factors for the current year.
- Instruction Guides for Assessment and Certification      Detailed instructions for using the assessment and certification forms for pregnant women, postpartum women, infants and children.
- E.M.P.O.W.E.R.      Instructions for evaluating nutrition education materials.
- Guidelines for Providing Breastfeeding Support in Local WIC Programs
  - o Phone
  - o Individual
  - o Group
- Training Modules for Nutrition Paraprofessionals
  - o Children on the Bottle
  - o Iron Deficiency
  - o Lead Poisoning and Prevention
  - o Overweight Kids
- Formula Intolerance Checklist      Instructions for assessment and treatment of gastrointestinal problems in infants, with guidance on determining whether symptoms are due to formula intolerance.

- Food Package information Detailed descriptions of WIC food/formula packages, vouchers used in each package, messages on vouchers, etc.
  - o Food Package Tables
  - o Manual Voucher Packages
  - o Voucher Types (Numerical Listing)
  - o Description of Tailored Food Packages
  - o Formulas Available From the Massachusetts WIC Program (nutrition information)
  - o Special Prescription Formula Packages (voucher messages)
- Originals Packet Listings of all forms and form letters local programs are required to use, and clean "original" copies of materials not printed in bulk by the state WIC office.
- Program List Information about each local WIC program in Massachusetts, including addresses, sites, site hours, and staff.
- State Office Staff Who's Who Titles and job descriptions for all state agency staff.





SECTION 3: STATE AGENCY OPERATIONS

THE STATE AGENCY OPERATIONS SECTION OF THE STATE PLAN OUTLINES PROCEDURES USED BY THE STATE WIC OFFICE TO ADMINISTER THE WIC PROGRAM IN MASSACHUSETTS.



DEFINITIONS

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE STATE PLAN.

FOR DEFINITIONS OF TERMS RELATED TO THE COMPUTER SYSTEM, SEE THE GLOSSARY SECTION OF THE VOUCHER SYSTEM MANUAL (PART V.A OF THIS PROCEDURE MANUAL).

Active caseload: the number of women, infants and children eligible to receive vouchers each month from a local program.

Affirmative action plan: the formal plan developed by the state WIC office to determine allocation of WIC funds according to need.

Applicant: person applying for WIC benefits.

Assigned caseload: the number of participants to be served by a local WIC program, designated by the state WIC office.

Breastfeeding: breastfeeding an infant at least once a day.

Breastfeeding woman: a woman up to one year postpartum who is breastfeeding her infant.

Catchment area: the geographic area served by a local WIC program.

Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program.

Children: persons who have had their first birthday but have not yet attained their fifth birthday.

Competent professional authority (CPA): individuals who determine nutritional risk and prescribe WIC supplemental foods as outlined in the Federal regulations. In Massachusetts, senior and program nutritionists and nutritionist/directors are CPAs. Nutrition paraprofessionals may become CPAs with authorization from the State Nutrition Coordinator.

Days: calendar days except for those time standards which specify working days.

Department: the Massachusetts Department of Public Health (DPH).

Disqualification: the act of ending the participation of an authorized WIC vendor or authorized local WIC agency, whether as a punitive sanction or for administrative reasons.

Division: the Division of Family Health Services (DFHS) within the Massachusetts Department of Public Health.

District Health Office (DHO): the office representing the Massachusetts Department of Public Health, Division of Family Health Services in each geographic region.

Dual participation: participation in more than one local WIC program and receiving benefits from each.

Federal regulations: rules governing WIC issued by the U.S. Department of Agriculture.

Fetal mortality: death occurring between 20 weeks gestation and birth.

Federal fiscal year: the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.

FNS: the Food and Nutrition Service of the U.S. Department of Agriculture.

Food delivery system: the method used by the WIC Program to provide WIC supplemental foods to participants.

FTE: Full Time Equivalency, or the decimal indicating the percentage of full time employment an employee works on an annual basis. A full time employee works 1 FTE; a person working 10 hours in a 40 work week works 10/40 or .25 FTE.

Health care: ongoing, routine pediatric and obstetric services.

Income poverty guidelines: income poverty guides as adjusted annually by the federal Office of Management and Budget.

Infants: persons under one year of age.

Infant of a high risk mother: an infant up to six months of age born to a woman who was at nutritional risk during pregnancy but was not enrolled in WIC.

Local agency (LA): a public health or human service agency or a private, non-profit health or human service agency which provides health services, either directly or through contract in accordance with the Federal regulations. Generally used to refer to those agencies providing local WIC services through contract with the Department of Public Health.



Local WIC program: the programmatic unit within a local agency that directly provides WIC services to WIC participants.

Low birth weight: birth weight under 2500 grams or under 5 lbs., 8 oz.

Migrant farmworker: an individual whose principal employment is in agriculture on a seasonal basis who has been employed within the last 24 months and who establishes, for the purposes of such employment, a temporary abode.

Monthly participation: total number of women, infants and children picking up vouchers, based on the voucher issue month.

NERO: the New England Regional Office of the U.S. Department of Agriculture.

Needs assessment: a computer-generated ranking by relative need of Massachusetts cities and towns based on economic and health indicators.

Non-profit agency: a private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

Nutrition education: individual or group educational sessions and the provision of information and education materials designed to improve health status, achieve positive changes in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Nutritional risk: (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) other documented nutritionally related medical conditions; (3) dietary deficiencies that impair or endanger health; or (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Participant: a pregnant woman, breastfeeding woman, postpartum woman, infant or child who has been certified by the WIC Program and is receiving vouchers for WIC supplemental foods.

Participation: the number of persons who have received food vouchers during the reporting period.

Pharmacy: a retail vendor of infant formula that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC infant formulas to WIC participants.

Postpartum woman: a woman up to six months after termination of pregnancy.

Pregnant woman: a woman determined to have one or more embryos or fetuses in utero.

Priorities: the order in which the local program fills vacancies after it has reached caseload.

Program: the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Repeat certification: the use of criteria and procedures to assess and document a participant's continued eligibility for the WIC Program immediately following a complete WIC certification period.

Respondent: respondent to the request for proposals (RFP).

RFP: a formal request for proposals issued by the Massachusetts Department of Public Health, Division of Family Health Services to solicit applications from local agencies to provide WIC services.

Site(s): the location(s) where WIC services are provided to participants.

State: the Commonwealth of Massachusetts.

State fiscal year: the period of 12 calendar months beginning July 1 of any calendar year and ending June 30 of the following calendar year.

State WIC office: the unit within the Department of Public Health, Division of Family Health Services which administers WIC functions throughout the State.

Termination: the act of ending the participation of a WIC participant, whether for administrative reasons or as a punitive sanction.

USDA: the United States Department of Agriculture.

Vendor - a retail food outlet or pharmacy that has a formal agreement with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

Voucher system: a centralized computer system operated by the state WIC office which produces food vouchers for all program participants and management reports for use by local WIC programs and the state WIC office.

Waiting list: a list of women, infants and children who apply for WIC but cannot be assessed to determine eligibility because the local WIC program has reached its assigned caseload.

WIC: the Special Supplemental Food Program for Women, Infants and Children.

WIC benefits: nutrition education and counseling, supplemental foods and health care referrals.

WIC infant: an infant up to six months of age born to a woman who participated in the WIC Program while pregnant.

WIC vendor: a retail food outlet or pharmacy that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

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THE COMPONENTS OF THE STATE WIC OFFICE

UNDER THE ADMINISTRATIVE OVERSIGHT OF THE STATE WIC DIRECTOR, THE STATE WIC OFFICE HAS THREE PRIMARY SECTIONS:

1. PROGRAM AND NUTRITION
2. FISCAL AND SYSTEMS
3. FOOD DELIVERY

\*\* The Assistant Director for Program and Nutrition oversees:

- o Maintenance of professional standards for all nutrition activity
- o Development and provision of nutrition education resources
- o Allocation and management of local program caseloads
- o Provision of technical assistance and training to local staff

\*\* The Assistant Director for Fiscal and Systems oversees:

- o Contracting and billing for local agencies
- o Cash receipts and disbursement of food dollars
- o Policies and procedures for all electronic data processing

\*\* The Assistant Director for Food Delivery oversees:

- o Production of food vouchers and management reports
- o Contracting of food vendors
- o Monitoring of vendor redemption patterns

See Section 3 of the State Plan for an organizational chart of the state WIC office staff.





STATE WIC OFFICE STAFF

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THE "STATE OFFICE STAFF WHO'S WHO" PROVIDES YOU WITH BRIEF JOB DESCRIPTIONS FOR ALL STATE WIC STAFF TO ENABLE YOU TO ADDRESS QUESTIONS AND REQUESTS TO THE APPROPRIATE STATE STAFF MEMBER.

THIS LISTING IS UPDATED ON A REGULAR BASIS AND SENT DIRECTLY TO YOU.



LOCAL AGENCY RELATIONSHIP WITH STATE AGENCY

THE STATE WIC OFFICE CONTRACTS WITH LOCAL AGENCIES TO RUN LOCAL WIC PROGRAMS.

THE LOCAL AGENCY IS RESPONSIBLE FOR ENSURING THAT THE LOCAL WIC PROGRAM IS WELL-MANAGED.

Your WIC Program may be located in a hospital, health center, community action agency or other non-profit health or human service agency.

To effectively manage the WIC program, your host agency must be able to comply with all the fiscal and operational requirements of running a WIC Program as prescribed by the state WIC office, including:

- o having a competent professional authority on staff
- o Making appropriate health services available to participants and/or informing them of other health and social services available
- o Providing the state WIC office with all required information regarding fiscal and program administration
- o Maintaining complete, accurate, documented and current accounting of all program funds received and expended.





LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM

YOUR LOCAL WIC PROGRAM IS AN ADMINISTRATIVE UNIT OF YOUR LOCAL AGENCY.  
THE STATE WIC OFFICE DOES NOT ADMINISTER LOCAL WIC PROGRAMS.

The local agency runs the local WIC program, hires WIC staff, and provides ongoing administrative support. Both the local agency and the local program receive ongoing guidance, technical assistance and training from the state WIC office so that all Massachusetts WIC participants receive comparable, consistent, and high quality care.

The local agency is responsible for ensuring that the local program:

- o has the ability to perform certification procedures
- o provides nutrition education services to participants
- o operates the food delivery system as prescribed by the state WIC office
- o maintains on file all criteria used for certification and has them available for review, audit or evaluation
- o keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
- o has a Competent Professional Authority on staff
- o keeps the focus of program operations on participant need
- o maximizes the time devoted to participant certification and education
- o designs all program activities to best serve participants.

Your local agency is required to designate an administrative person responsible for the WIC program. Generally this person is the direct supervisor of the local WIC program director and works with her/him to integrate the WIC program into local agency operations.



LOCAL PROGRAM RELATIONSHIP TO ITS COMMUNITY

MAKE EVERY EFFORT TO BECOME AN INTRINSIC PART OF THE COMMUNITY YOU SERVE.

ESTABLISHING COMMUNITY RELATIONSHIPS

- o Provide your community with notices about WIC eligibility and availability.
- o Identify and provide services to your community's WIC-eligible population.
- o Create referral/outreach networks with other agencies.
- o Participate in major community meetings, health fairs, community events, etc.
- o Establish strong relationships with health care providers in your community.





## OUTREACH

OUTREACH IS THE WAY IN WHICH YOU EDUCATE YOUR COMMUNITY ABOUT THE WIC PROGRAM.

TARGET YOUR OUTREACH EFFORTS TO IDENTIFY HIGH RISK WOMEN, INFANTS, AND CHILDREN WHO MIGHT BE ELIGIBLE FOR THE WIC PROGRAM, ESPECIALLY PRENATAL WOMEN IN THEIR FIRST TRIMESTER.

Effective outreach ensures that as many people as possible know about the WIC Program and the kinds of services that the WIC Program offers.

There is no one single way to conduct outreach in your community. Use your knowledge of the area to determine the most effective means of reaching as many people as possible. Some possibilities:

- o Send WIC information pamphlets and medical referral forms to a variety of agencies throughout your catchment area, especially physicians and agencies serving WIC-eligible populations.
- o Invite representatives from different agencies and services to a WIC "open house" where you give a presentation on the WIC Program. Use the slide show produced by the state WIC office to explain WIC eligibility and benefits.
- o Send a newsletter to agencies throughout your catchment area, providing updates on the status of your local WIC program.
- o Discuss WIC on a radio program or place a PSA on a radio or TV station
- o Write an article on WIC for another human service agency's newsletter, or make a presentation at their inservice or staff meeting
- o Show the WIC slide show to church groups
- o Participate in health fairs
- o Follow any written correspondence with a phone call or a visit, making personal contact with key people working for other agencies, services or programs, such as:
  - Hospital prenatal clinics, maternity wards, social service departments, pregnancy and/or childbirth classes, teen pregnancy classes, failure-to-thrive clinics and well-baby clinics
  - MDs, especially OB/GYN and pediatric physicians

- MCH nurses and nutritionists, EFNEP
- Healthy Start, Project Good Start, Project Good Health
- Food Stamp, AFDC and Medicaid offices
- Community health centers/clinics/HMOs
- Local DPW and DSS offices
- Women's health care organizations, family planning clinics
- Healthy Mothers/Healthy Babies Coalition
- Social service agencies, CAP agencies
- Regional and local prenatal/perinatal coalitions
- Teen drop-in centers, teen clubs, high schools
- Agencies serving ethnic groups
- Community centers, service organizations
- Churches and other religious organizations
- Employment agencies, unemployment offices, social security offices
- Food pantries, community soup kitchens, emergency shelters
- Surplus food distribution centers
- Drug and alcohol treatment centers, halfway houses
- Day care centers, Head Start
- Lead poisoning prevention programs
- Nurse practitioners, nurse midwives
- Public Housing Authorities
- Public Health nurses, Visiting Nurse Associations
- City Hall
- Local Office for Children
- Women's Centers
- Schools, adult education centers
- The Salvation Army

The following materials are available from the state WIC office to assist you with outreach:

- o Several brochures and pamphlets with basic information about the WIC Program
- o Posters for placement in WIC vendors' store windows.
- o A 20-minute slideshow for potential referrent agencies.
- o An 11 x 17 poster outlining program benefits, with a space for the local program name, telephone number and address.
- o "Tell a Friend About WIC" handouts for current participants.

The statewide toll-free telephone hotline is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday for citizens, WIC participants and potential WIC participants to call for information on eligibility and local program information. Make sure that all outreach materials you produce have the hotline number on them.

RELATIONSHIPS WITH HEALTH CARE PROVIDERS

DEVELOP STRONG RELATIONSHIPS BETWEEN YOUR PROGRAM AND LOCAL HEALTH CARE PROVIDERS.

Nutrition Education

WIC participant's eating and feeding decisions are greatly influenced by their health care providers. To successfully promote optimal nutrition habits among participants, make every effort to integrate education efforts with those of the participants' physicians and nurses. Coordinating nutrition education efforts with health care providers reinforces the information each provides to participants and ensures that women receive education and support as often as possible, especially at crucial growth periods for themselves and their children.

- o Inform health care providers about the role WIC plays in providing nutrition education to pregnant and breastfeeding women, infants and children
- o Encourage providers to use WIC as a resource for nutrition education and provide them with current, accurate nutrition information

Referrals

Developing strong relationships with health care providers helps to ensure referrals to your program. Especially stress the importance of referring prenatal women early in their pregnancy.

See the BREASTFEEDING PROMOTION AND SUPPORT section of this Procedure Manual for information on helping providers to support breastfeeding.





CIVIL RIGHTS

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THE WIC PROGRAM IS AN EQUAL OPPORTUNITY PROGRAM. PROVIDE WIC BENEFITS TO PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP.

NOTIFY APPLICANTS AND PARTICIPANTS THAT WIC IS AN EQUAL-OPPORTUNITY PROGRAM BY:

- DISPLAYING THE "...AND JUSTICE FOR ALL" POSTER AT ALL WIC SITES.
- INCLUDING THE CIVIL RIGHTS STATEMENT ON ALL PRINTED MATERIALS PRODUCED FOR MASS DISTRIBUTION WHICH CONTAIN INFORMATION REGARDING PARTICIPATION REQUIREMENTS, PROGRAM BENEFITS, ELIGIBILITY OR PUBLIC NOTIFICATION.

You are responsible for ensuring that your program does not discriminate against applicants or participants because of their race, color, national origin, age, sex, or handicap. Use the following checklist to ensure that participants are treated in a non-discriminatory manner:

- 1) Include the USDA non-discrimination clause (civil rights statement) on all printed materials containing information about WIC benefits and eligibility which you distribute to applicants and participants.
- 2) Display the "...And Justice for All" poster prominently at all WIC sites.
- 3) Serve applicants according to WIC Program regulations on a first-come, first-served basis, if you do not have a waiting list. Determine if the system your program uses is adversely affecting minority participation.
- 4) Provide/read the Rights and Responsibilities form to participants in their native language.
- 5) Make reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.
- 6) Extend outreach efforts to include minority groups.
- 7) Make sure each participant input form is coded by racial/ethnic group as required by Federal regulation. Keep this information on file for 7 years.

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- 8) Make sure that handicapped persons have an equal opportunity to participate in your program.
- 9) Make sure that your program's participation reflects the ethnic/racial composition of your catchment area.
- 10) Make sure that your program staff reflects the ethnic/racial composition of your catchment area.
- 11) Provide civil rights training for your staff. Consult the state WIC office for technical assistance.
- 12) Inform applicants and participants of their right to file a civil rights complaint. They may direct complaints of discrimination to:

Secretary of Agriculture  
Washington, DC 20250

OR

Director, Civil Rights Division  
USDA/Food and Nutrition Service  
Alexandria, VA 22302

and send a copy of their letter to the state WIC office.

#### CIVIL RIGHTS STATEMENT

This is the standard civil rights statement:

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

#### Include civil rights statement on:

- o vendor posters
- o fair hearing information
- o letters for missed appointments
- o notices of ineligibility or disqualification
- o outreach materials
- o referral materials
- o invitations to public hearings
- o newsletters discussing program benefits.

#### Do not include on:

- o nutrition education materials
- o participant ID cards
- o food lists
- o policy publications

See the Originals Packet for camera-ready translations in Spanish, Cambodian, Vietnamese, Laotian, Portuguese, Chinese and French.

BARRIERS TO SERVICE

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A LOCAL PROGRAM MUST IDENTIFY BARRIERS ENCOUNTERED BY THEIR COMMUNITY WHICH COULD INTERFERE WITH ACCESSIBILITY TO THE WIC PROGRAM, AND DEVELOP CREATIVE SOLUTIONS TO EFFECTIVELY ALLEVIATE THEM.

The chart below outlines some barriers to service and possible solutions.

POTENTIAL BARRIER	SOLUTION OPTIONS
Full-time employment	<ul style="list-style-type: none"><li>o extended morning or evening hours</li><li>o office coverage during lunch hour</li><li>o weekend hours</li></ul>
Physical or visual impairment	<ul style="list-style-type: none"><li>o proxies</li><li>o sign-language interpreters</li><li>o mailing vouchers</li><li>o home visits</li><li>o networking with groups providing services to this population</li></ul>
Language difficulty	<ul style="list-style-type: none"><li>o bilingual/bicultural staff</li><li>o translated materials</li><li>o interpreters</li><li>o networking with groups providing services to ethnic populations</li></ul>
Transportation problem	<ul style="list-style-type: none"><li>o proxies</li><li>o mailing checks</li><li>o networking with groups providing transportation services to elderly and handicapped populations</li></ul>
Homelessness	<ul style="list-style-type: none"><li>o use address of shelter, friend, or WIC program</li><li>o self-declaration of income</li></ul>





SITES

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PROVIDE REASONABLE ACCESS TO THE WIC PROGRAM FOR PEOPLE WHO LIVE IN YOUR CATCHMENT AREA.

PROVIDE SERVICES TO ANY AND ALL ELIGIBLE PARTICIPANTS WHO WISH TO RECEIVE SERVICES AT A PARTICULAR SITE.

PROVIDE EXTENDED MORNING, EVENING AND/OR SATURDAY HOURS TO ENSURE ACCESS TO WIC BENEFITS FOR WORKING APPLICANTS AND PARTICIPANTS.

PROVIDE SERVICES DURING THE LUNCH HOUR FOR APPLICANTS AND PARTICIPANTS.

MAKE AT LEAST ONE OF YOUR SITES WHEELCHAIR ACCESSIBLE.

OBTAIN APPROVAL FROM THE STATE WIC OFFICE BEFORE OPENING A SITE.

You are responsible for providing adequate coverage of your catchment area. You may need more than one site in order to provide reasonable access to WIC services for people in your catchment area.

Make sites accessible to everyone interested in applying to your program. At least one site must be wheelchair accessible; evaluate all your program sites annually with regard to handicap accessibility and requirements.

At least one site must provide regular extended morning, evening and/or Saturday hours to enable working persons to access WIC services. At least one site must provide services during lunch hour for working applicants and participants.

Program sites can be:

- for all WIC services
- for certification appointments only
- in more than one area of a city/town
- in more than one city/town in a catchment area
- permanent (where each site has its own records, checks, and staff)
- impermanent (WIC staff bring records and checks to the site)
- full-time (open 4-5 days a week)
- part-time (open from 3 days a week to once a month)

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## EVALUATING THE NEED FOR SITES

Decide whether to open a new site based upon:

### 1. Determination of Need

- \* Your perceived participant need for alternative site locations
- \* Your access to your highest risk participants
- \* The adequacy of the space available at each site
- \* The adequacy of public transportation services to existing sites.

### 2. Feasibility

- \* The type of agencies in your community that would be available to host a WIC site
- \* The support and cooperation of the host agency's administration
- \* The availability of your WIC staff to administer multiple sites
- \* The availability of funds to cover the cost of running a site

## SITE APPROVAL

In order to obtain approval from the state WIC office to open a site:

1. Consider the factors outlined above.
2. Find an appropriate site location.
3. Submit a completed "Site Approval Request Form" to the state WIC office at least 2 months prior to when you anticipate opening the site. See the Originals Packet for a copy of this form.
4. Obtain written approval from the state WIC office to open the site.

## EXTENDING EXISTING SITE SERVICES

If it is unfeasible to open a new site and/or the state agency has refused your request, consider extending hours and/or services at an existing site to resolve problems concerning space, staff, etc.

## HANDICAP ACCESS

Section 504 of the Rehabilitation Act of 1973 mandates that all programs receiving funds from USDA's Food and Nutrition Service ensure that handicapped persons have an equal opportunity to participate in FNS programs. This means you need to make your program accessible, not necessarily your buildings, especially where this would impose undue hardship on program operations. The regulations allow you to adopt the least costly methods of achieving compliance where existing facilities are inaccessible, and encourage you to explore alternative means of program accessibility.

Your WIC contract contains a statement that your program will be operated in compliance with this requirement, and each program is required to complete a "Self Evaluation Guide for Compliance with Section 504 of the Rehabilitation Act of 1973".

Modifications you can make for handicapped persons include:

- rearranging files or shelves and widening access areas for easier accessibility to wheelchair occupants
- networking with groups providing transportation to the handicapped
- building ramps, wider doorways, and handrails
- mailing vouchers
- using Brailled and taped material, interpreters, and other aids for people with impaired hearing or vision.

Evaluate all your program sites annually with regard to handicap accessibility and requirements. To determine if your program discriminates against the handicapped, ask yourself these questions which are included in the "Self Evaluation Guide for Compliance with Section 504 of the Rehabilitation Act of 1973":

- Are there any policies, practices or architectural barriers which limit or deny participation or employment because of handicap?
- Are there any policies or practices which result in different treatment of participants, applicants or employees according to handicap?
- Are there any policies or practices which subject participants, applicants or employees to different conditions or requirements?
- If your program employs 15 or more people, do you have a coordinator designated to carry out Section 504 requirements?
- If your program employs 15 or more people, do you have established grievance procedures incorporating appropriate due process standards and providing for the prompt and equitable resolution of complaints?

- Do you take steps to notify employees, applicants/participants and unions and professional organizations holding agreements with your program that your agency does not discriminate on the basis of handicap?
- Do all your forms, publications and recruitment materials which inform the public of program benefits and employment opportunities contain the assurance that your agency does not discriminate on the basis of handicap?
- Does your agency ensure that remedial or corrective action is taken when noncompliance has occurred?



STAFF

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YOUR PROGRAM IS RESPONSIBLE FOR HIRING ITS OWN STAFF, WITH TECHNICAL ASSISTANCE PROVIDED BY THE STATE WIC OFFICE.



## STAFFING PATTERNS

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EACH LOCAL PROGRAM DESIGNS ITS OWN STAFFING PATTERN TO ENSURE THE HIGHEST QUALITY OF SERVICE TO ITS PARTICIPANTS.

EACH LOCAL PROGRAM MUST HAVE AT LEAST ONE PROFESSIONAL NUTRITIONIST AS A "COMPETENT PROFESSIONAL AUTHORITY" TO PROVIDE NUTRITION SERVICES TO HIGH-RISK PARTICIPANTS.

HAVE YOUR STAFFING PATTERN APPROVED BY THE STATE WIC OFFICE.

Since WIC combines nutrition services with food delivery services, your staff must be able to respond to both nutrition and administrative service needs. You must have a program director, a senior nutritionist to provide leadership in nutrition services, and competent administrative personnel.

### DIVERSITY

Make sure that your staff reflects the racial/ethnic composition of your catchment area. You should have both nutrition and administrative staff who are fluent in the languages used by your participants.

### STAFFING RATIOS

Your total staff-to-participant ratio should be between 1:250 and 1:300, depending on the number of sites in operation. (Only include sites open for participants at least 6 hours per day and 3 days a week.)

1 site	1:300
2 sites	1:270
3 sites	1:260
4 or more sites	1:250

Other recommended staffing ratios are as follows:

Nutritionist * to Participant:	1:1000
CPA ** to Participant:	1:450-500
Program to Nutrition Staff:	1:2

\* Senior and Program Nutritionists.

\*\* Senior/Program Nutritionists, CPA and CPA-eligible Nutrition Assistants.

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For example, a program with a caseload of 2000 participants and 4 sites might have the following staffing pattern:

1	FTE Program Director
1	FTE Senior Nutritionist
1	FTE Program Nutritionist
2.5	FTE Nutrition Assistants
2.5	FTE Program Assistants

#### APPROVAL

If you wish to change your staffing pattern, send a written request to the Assistant Director for Program and Nutrition at the state agency. All requests must be approved by the state agency.



JOB DESCRIPTIONS AND FUNCTIONS

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THE JOB RESPONSIBILITIES AND QUALIFICATIONS FOR ALL WIC POSITIONS ARE LISTED BELOW.

CREDENTIALS OF APPLICANTS FOR SENIOR NUTRITIONIST MUST BE REVIEWED AND APPROVED BY THE STATE WIC OFFICE.

See the following pages for complete job descriptions for all WIC positions. For recommended salary for each position, please refer to the latest WIC Program salary study and accompanying memo.

SENIOR NUTRITIONISTS

Qualifications of all new hires for senior nutritionist positions must be reviewed and approved by the state office before you offer the position to an individual. Send resumes of final candidate(s) to the State Nutrition Coordinator for review.

PROGRAM NUTRITIONISTS

The senior nutritionist is responsible for hiring program nutritionists, who must meet the qualifications outlined on page 4 of this section. Send copies of new nutritionists' resumes to the State Nutrition Coordinator for the state agency files.

## PROGRAM DIRECTOR

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Responsible for the overall management of the program.

### Responsibilities

1. Plans, implements and evaluates program operations to ensure compliance with federal regulations and state policies and procedures.
2. Manages the fiscal component of the program.
3. Supervises the management and security of the Management Information System.
4. Supervises the food delivery system, including check system security and accountability and vendor selection, training and monitoring.
5. Plans staffing, participant service hours, client flow, and staff roles and responsibilities to provide services according to federal regulations and state policies and procedures, in conjunction with the Senior Nutritionist.
6. Acts as liaison with the sponsoring agency and with fiscal and administrative staff at the state WIC office.
7. Acts as liaison between the local WIC program and the community.
8. Develops linkages with and provides appropriate training to health care providers and community agencies for outreach and referral, in conjunction with the Senior Nutritionist.
9. Develops, implements and evaluates High Risk Outreach Plan.
10. Supervises distribution of, accountability for, and reconciliation of Farmers' Market coupons.
11. Attends all state agency business meetings and appropriate in-services.
12. Conducts regular staff meetings; communicates policy/procedure changes to staff.
13. Recruits and hires Senior Nutritionist and program staff in accordance with job descriptions and procedures; assists Senior Nutritionist in hiring nutrition staff.
14. Conducts annual staff reviews. For nutrition staff, conducts staff reviews in conjunction with Senior Nutritionist.
15. Performs other duties as required.

### Qualifications

1. One year's experience in program administration; supervisory experience required.
2. Bachelor's degree; may substitute Master's degree in relevant field for work experience.
3. Demonstrated leadership and decision-making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest in nutrition and in maternal and child health.
6. Ability to articulate program goals and policies to participants, health care providers, community agencies and vendors.
7. Ability to work well with management information systems

## SENIOR NUTRITIONIST

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Responsible for the administration and management of nutrition services and health care aspects of the program under the supervision of the Program Director.

### Responsibilities

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1. Supervises and evaluates provision of nutrition services including assessment, certification, care plans, food package prescriptions, nutrition education and referrals.
2. Develops nutrition policy for the local program based on state WIC guidelines and recommendations.
3. Supervises and provides training and in-services for nutrition staff, oversees and provides training and evaluation of Nutrition Assistants to ensure achievement of CPA status within defined timeframes.
4. Establishes schedules for secondary nutrition education contacts (individual and group) and assists in scheduling certification appointments.
5. Plans staffing, participant service hours, client flow and staff roles and responsibilities to provide services according to federal regulations and state policies, in conjunction with the Program Director.
6. Conducts quality assurance review of participant records, group education, individual counseling, and provision of nutrition services.
7. Develops and implements the Nutrition Education Action Plan appropriate to participant needs, and conducts evaluation of nutrition activities.
8. Develops linkages with health care providers and community agencies for outreach and referral, in conjunction with the Program Director.
9. Provides nutrition assessment and certification, counseling, nutrition education and referrals for WIC participants.
10. Communicates with health care community on issues pertaining to participant needs.
11. Coordinates and assists Program Director in recruiting and hiring Program Nutritionists and Nutrition Assistants in accordance with job descriptions, and forwards resumes to the state office.
12. Oversees nutrition education provided in conjunction with distribution of Farmers' Market coupons.
13. Acts as liaison between state agency and local program on nutrition issues.
14. Attends all state agency business meetings and appropriate in-services.
15. Conducts annual nutrition staff reviews with Program Director.
16. Assists in program administration and performs other duties as requested.

### Qualifications

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1. Master's degree in public health nutrition, nutrition, nutrition education, with one year of community nutrition experience; with one year of community nutrition experience OR Bachelor's degree with two years of community nutrition experience.
2. Experience in program planning and administration.
3. Leadership and decision-making skills.
4. Excellent communication skills.
5. At least 1 year experience in counseling.
6. Sensitivity to the needs of the client population.

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## PROGRAM NUTRITIONIST

Provides nutrition services to WIC applicants and participants under the supervision of the Senior Nutritionist.

### Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education, food package prescription and referrals for high-risk WIC applicants and participants, and low-risk as needed.
2. Provides follow-up nutrition counseling and education to high-risk participants, and low-risk as needed.
3. Assists in review and development of educational materials, and the planning implementation and evaluation of group nutrition education activities.
4. Collects and reviews anthropometric and hematological data; collects and enters participant health and risk data into computers as needed.
5. Assists in training paraprofessional WIC staff.
6. Assists in the implementation of the Nutrition Education Action Plan.
7. Participates in quality assurance activities.
8. Participates in nutrition inservices and in policy-making staff meetings.
9. Participates in outreach activities for high-risk populations.
10. Communicates with health care community on issues pertaining to participant needs.
11. Performs other duties as required.

### Qualifications

1. Bachelor's degree in public health nutrition, nutrition, or food and nutrition; Master's degree preferred, may be substituted for work experience.
2. One year's experience in clinical or community nutrition.
3. Demonstrated leadership and decision-making capabilities.
4. Good communications skills.
5. Sensitivity to the needs of the client population.



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## NUTRITION ASSISTANT

Provides nutrition services to WIC applicants and participants under the supervision of the Senior Nutritionist.

### Responsibilities

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1. Receives in-service education and achieves required competencies to obtain CPA I status within six months of hire, so as to certify and counsel low-risk children, and CPA II status within 1 year, so as to certify all low-risk participants.
2. Performs nutrition assessment and certification, counseling, nutrition education, food package prescription and referrals for participants based on CPA status.
3. Upon attaining CPA status, assists professional nutrition staff in follow-up of selected high-risk participants. While training for CPA status, assists nutrition staff in low-risk participant services.
4. Provides and documents group secondary nutrition education contacts; provides individual secondary education to low-risk participants upon attaining CPA status.
5. Assists in the planning and development of educational materials and group nutrition education activities.
6. Collects and reviews anthropometric measurements and hematological data.
7. Collects and enters health and risk data into the computer, as needed.
8. Participates in nutrition inservices and in policy-making staff meetings.
9. Performs other duties as required.

### Qualifications

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1. One year's experience in a health care field (i.e., family planning), as a counselor/educator, clinical assistant, outreach worker, or home health aide.
2. High school diploma or G.E.D.
3. Interest in nutrition or health care.
4. Good communications skills, in both oral and written English.
5. Good interpersonal skills.
6. Sensitivity to the needs of the client population.

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## PROGRAM ASSISTANT

Participates in eligibility determination, check issuance, and general office duties.

### Responsibilities

1. Receives training and attends appropriate in-services to attain competency in WIC computer procedures, eligibility determination, and check accountability.
2. Determines categorical, geographical and income eligibility.
3. Collects and enters demographic and check issuance data into computers; enters health and risk data as needed.
4. Prints and distributes checks according to accountability procedures.
5. Explains proper redemption procedures for checks.
6. Schedules applicant and participant appointments.
7. Performs anthropometric measurements and blood tests for participants as needed.
8. Performs routine office duties as assigned.
9. Performs other duties as required.

### Qualifications

1. One year's general office experience.
2. High school diploma or G.E.D.
3. Well-organized, systematic approach to work.
4. Good communications skills in oral English.
5. Sensitivity to the needs of the client population.

THE COMPETENT PROFESSIONAL AUTHORITY

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A COMPETENT PROFESSIONAL AUTHORITY DETERMINES NUTRITIONAL RISK,  
ASSIGNS FOOD PACKAGES, AND COUNSELS PARTICIPANTS.

In Massachusetts, a WIC nutritionist who meets the qualifications outlined in the JOB DESCRIPTIONS AND FUNCTIONS section of this Procedure Manual is automatically considered a CPA. A nutrition paraprofessional must be authorized by the state WIC office before s/he can become a CPA. There are two levels of paraprofessional CPA status:

- Level I CPA status qualifies a paraprofessional to certify low-risk children only.
- Level II CPA Status qualifies a paraprofessional to certify all categories of low-risk participants.

Paraprofessionals should receive adequate training prior to beginning direct client services. These services must be under the direct supervision of a professional nutritionist. Paraprofessionals who are performing low-risk certifications prior to obtaining final CPA authorization must have a Senior or Program nutritionist countersign the record before the participant is certified and issued checks. The nutritionist should review the record for accuracy and completeness of certification, including counseling/education provided, food package assigned, follow-up nutrition education plans, and referrals.

TO AUTHORIZE A PARAPROFESSIONAL TO BECOME A CPA LEVEL I OR II

1. The Senior Nutritionist fills out a CPA Level I or Level II Approval Form and sends it to the state office. This form is an evaluation of the paraprofessional's skills in the following areas:

- |                                |                                |
|--------------------------------|--------------------------------|
| o basic knowledge of nutrition | o nutrition/dietary assessment |
| o anthropometric assessment    | o counseling skills            |
| o biochemical assessment       | o certification procedures     |

Paraprofessionals may apply for CPA status when they reach 100% competency in all areas listed above.

2. Each paraprofessional participates in a New Staff Training and one state-sponsored nutrition inservice. Alternative nutrition inservices sponsored by local agencies may be substituted; to receive credit, approval must be obtained from the State Nutrition Coordinator prior to attendance. These inservices must be appropriate to the level of nutrition services provided by the CPA.

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3. After the state office approves the request for authorization, a copy of the CPA Approval Form is returned to the local program. This copy is kept on file at the local program.
4. Each CPA paraprofessional is required to complete 10 hours of continuing education credit per year beginning with the date of CPA approval. Education credits for each CPA are documented by the Senior Nutritionist. Continuing education programs must be appropriate to the level of nutrition services provided by the CPA.

See the Originals Packet for a copy of the CPA Approval Form.



## STAFF TRAINING

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STAFF TRAINING ENABLES LOCAL PROGRAM STAFF TO PROVIDE HIGH-QUALITY SERVICES TO WIC PARTICIPANTS.

RESPONSIBILITY FOR STAFF TRAINING IS SHARED BETWEEN THE STATE AGENCY AND THE LOCAL WIC PROGRAM.

In order to provide high-quality nutrition services to WIC participants, WIC staff must acquire and maintain up-to-date knowledge and skills.

### STATE AGENCY RESPONSIBILITIES

The state agency is responsible for:

1. Producing materials for orienting new local program staff
2. Conducting new staff trainings
3. Providing ongoing training through inservices for all local program staff
4. Providing information on training resources and methods.

### LOCAL PROGRAM RESPONSIBILITIES

The local program is responsible for:

1. Orienting new staff using materials provided by the state agency
2. Providing on-the-job training for all staff
3. Ensuring staff attendance at state training
4. Providing opportunities for nutrition staff to obtain 10 continuing education credits annually.
5. Assisting staff to integrate knowledge/skills from staff trainings into their daily work
6. Providing on-site supervision for all staff.

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For all new staff:

1. Questions and Answers About WIC
2. MIS Appendix
3. Order Form for WIC materials
4. Originals Packet of WIC forms and form letters
5. Massachusetts WIC Program List
6. Quarterly calendar for upcoming quarter

1. State Plan Part 1: Goals and Objectives
2. State Plan Part 2: Local Program Procedure Manual
3. State Plan Part 3: State Agency Operations Manual

1. State Plan Part 2: Local Program Procedure Manual
2. Florida/Idaho Paraprofessional Training Modules (MA adaptations for CPA I available Fall 1992) OR Massachusetts Instruction Guides for Assessment and Certification of:
  - Pregnant Women
  - Infants
  - Children
  - Postpartum and Lactating Women
3. Nutritional Risk Criteria for Certification
4. Food package information, including
  - Food Package Tables
  - Food Package Tailoring Guide
  - Description of Tailored Food Packages
  - Formulas Available From the Massachusetts WIC Program
5. Formula Intolerance Checklist
6. Prenatal Nutrition: A Clinical Manual
7. Guidelines for Breastfeeding Support in Local WIC Programs
8. Training Modules for Nutrition Paraprofessionals
  - Children on the Bottle
  - Iron Deficiency
  - Lead Poisoning and Prevention
  - Overweight Kids
  - Calcium: The Hard Facts
9. Pediatric Vitamin/Mineral Supplements
10. Prenatal Vitamin and Mineral Supplements
11. E.M.P.O.W.E.R. Manual
12. MCH Policy on Infant Feeding
13. WIC Library Materials
14. The WIC Exchange: Ideas to Help Nutrition Educators Help Clients
15. WIC Nutrition Education Handbook (available Fall, 1992)
16. Strategies for Working with Culturally Diverse Communities and Clients
17. Nutrition Management of the Pregnant Adolescent

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## TRAINING NEW NUTRITION STAFF

### Nutrition Professionals

Have the new staff person:

- o Review all pertinent training/resource materials (see above).
- o Attend a state New Staff Training.
- o Observe nutrition staff on several occasions.
- o Role-play nutrition interviews with experienced staff to develop counseling skills.

### Nutrition Paraprofessionals

\*\* Have the new staff person:

1. Receive a basic orientation to the WIC Program.
2. Review all pertinent training/resource materials (see above).
3. Observe nutrition staff.
4. Receive training from Senior or Program Nutritionist in steps necessary to certify low-risk children, including:
  - assessing anthropometric, hematological and other medical data
  - collecting and assessing dietary information
  - providing client-centered nutrition education
  - documenting information correctly in the SOAP note format

with competencies documented as they are achieved.

During the course of CPA I training, a nutrition assistant must also attend a New Staff Training (after at least two weeks on the job) and a state-sponsored inservice.

5. Begin applying learned knowledge and skills by performing appropriate tasks related to nutrition services, under supervision of nutritionists.
6. Role-play nutrition interviews with experienced staff to develop counseling skills.
7. When CPA I status has been achieved, receive training in steps necessary to certify low-risk women and infants, following the same format as for children.

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\*\* Have the Senior or Program Nutritionist:

1. Train the paraprofessional in steps necessary to certify low-risk children (see above).
2. Identify appropriate tasks related to nutrition services that nutrition paraprofessionals in training may begin to perform.
3. Observe the paraprofessional on a regular basis to assess her/his progress and to ensure accuracy of nutrition information. Use the Counseling Evaluation Guide to assess assessment/counseling skills, and provide feedback and additional training as necessary.
4. Review and countersign paraprofessional's participant records before participant is issued checks; check for accuracy and completeness of certification, counseling/education provided, food package assignment, follow-up nutrition education plans and referrals.
5. Recommend CPA I candidacy when required competencies have been achieved, evaluating each paraprofessional on a case-by-case basis. Submit a CPA Approval Form to State Nutrition Coordinator for approval.
6. Train the paraprofessional in steps necessary to certify low-risk women and infants, following the format for training CPA I's.
7. Recommend CPA II candidacy when required competencies have been achieved, evaluating each paraprofessional on a case-by-base basis. Submit a CPA Approval Form to State Nutrition Coordinator for approval.



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### TIME STUDY

ALL WIC PROGRAMS MUST CONDUCT A TIME STUDY EACH YEAR.

COMPLETE THE TIME STUDY OVER A TWO-WEEK PERIOD BEFORE SEPTEMBER 30.

HAVE EACH STAFF MEMBER COMPLETE ONE SHEET FOR EACH OF THE TWO WEEKS,  
PLUS ONE SUMMARY SHEET.

Use the annual time study to determine how much time your staff is spending on the various program activities described below. The state office uses this information to meet federal audit reporting and spending requirements. In addition, this information is used to determine:

- how local staff time is actually spent in the areas of administration, certification, nutrition education/breastfeeding promotion, vendor and check systems, and
- whether Massachusetts WIC spends at least one-sixth of its administrative dollars on nutrition education as required by Federal regulations
- whether we are meeting our target allocation for breastfeeding promotion.

This study is NOT a tool for monitoring. You are not being judged for efficiency or competency. You are solely recording the way you spend your time.

Conduct the time study for two full weeks (10 working days) during September. Pick two full weeks (10 work days) that reflect a typical clinic schedule of activities (i.e., no staff are on vacation, you're not moving sites, etc.) Select weeks having a normal number of certification and education appointments scheduled. Make sure time studies are completed by all staff who are working.

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## COMPLETING THE TIME SHEETS

### WEEK 1

1. Complete the header information. Circle "Week 1" at the top of the sheet.
2. Each day in the appropriate column (Day 1, Day 2, etc.) fill in the approximate number of hours spent at each task. Round off the number to the nearest quarter hour in decimals, as follows:

- 15 minutes = .25 hrs
- 30 minutes = .50 hrs
- 45 minutes = .75 hrs
- 60 minutes = 1.0 hrs

If you do a job which is not similar to any listed, write it beside "Other" at the bottom of the appropriate section.

At the end of the day, add up the number of hours in the column for that day, on all three pages; this should equal the number of hours you worked that day.

3. At the end of the week, add across each row to get the total hours spent on each task during the week (TOTAL THIS WEEK).
4. Add up the figures in the TOTAL THIS WEEK column to get total hours for:

- GENERAL ADMINISTRATION (A1 + A2 on page 1)
- CLIENT SERVICES (B1 + B2 on page 2)
- NUTRITION EDUCATION (C on page 3)
- BREASTFEEDING PROMOTION (D on page 3)

\* The sum of the totals on the bottom MUST EQUAL the sum of the totals for the right hand column(s). PLEASE DOUBLE CHECK YOUR MATH.

5. Transfer these category totals (A,B,C,D) to the bottom of page 3.

### WEEK 2

Do steps 1 through 4 for the second week. Add total hours from week 1 and week 2, and fill in where it says TOTAL HOURS THIS TIME STUDY.

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### COMPLETING THE SUMMARY SHEET

One person should complete the summary sheets; one for each week of the study. Be sure to calculate totals for each individual category, and write personnel in the same order on each week's sheet.

1. Complete the header information. Indicate whether this sheet is for Week 1 or Week 2.
2. Fill in the names of all staff who completed the study, and their FTE.
3. Fill in the totals for A, B, C, and D for each person for that week.
4. Add A, B, C, and D to get the number of hours worked by each person.
5. Add up the TOTAL HOURS WORKED column to get the total number of hours worked by entire staff.
6. Double check your totals. The sum of the totals for the sections on the bottom MUST EQUAL the sum of the totals for the right hand column hours worked for all staff. RECHECK YOUR MATH. Thank you.

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## DEFINITION OF ACTIVITIES

### A. GENERAL ADMINISTRATION

#### 1. Program Management

- o Answering telephone: Triaging calls, providing information about WIC, recording requests for applications.

Do not include time spent actually scheduling appointments.

- o Preparing letters and/or labels: Preparing appointment, notification, missed check pickup, waiting list, and other administrative letters for participants, including printing labels.

Do not include vendor letters.

- o Reviewing/resolving daily reports: Review/resolve EOD and BOD reports. Resolve data problem reported by state staff.

- o Resolving dual certifications: Resolving the daily Potential Dual Certification report and completing and submitting the Monthly Potential Dual Certification Report, including reviewing and problem solving, contacting other programs as necessary, and resolving "false duals".

- o Staff/agency/state meetings: Time spent in program, agency or state agency staff and business meetings. Include travel time.

Do not include meetings specifically for nutrition education.

- o Personnel issues: Completing time sheets, recording sick and vacation time, hiring and terminating staff, evaluation and followup.

- o Fiscal issues: Preparing annual budget and monthly billing, closing out fiscal year.

- o Developing informational/program materials: Time spent writing, editing, printing, copying, translating, ordering or reviewing materials. Phone calls and travel time to the store, etc.

Do not include time spent on nutrition education materials.

- o Supervision: Meeting with staff formally as a group or on a one-to-one basis. Problem solving.

- o Computer operations: Time spent doing BOD, EOD, portable communications, purge and reindex, user IDs, site number maintenance. Solving data edit and reject problems, consulting with state staff and Help Desk.



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2. Vendor/Check Administration

- o Performing vendor site visits: Scheduling, conducting and writing up site visits.
- o Training vendors and/or cashiers: Planning, scheduling and conducting vendor training, both annual and ad hoc.
- o Sending warning letters to vendors: Writing and documenting warnings and follow-up letters.
- o Explaining rejected checks to vendors: Explaining reasons for rejection and what to do with the rejected check(s).
- o Participant and/or vendor problem-solving: Investigating, documenting and resolving vendor or participant complaints and other problems (not including warning letters; see above).
- o Contracting or recontracting with vendors: Processing vendor applications and requests for applications. Visiting applicants as needed. Issuing and explaining acceptances and rejections. Distribution and collection of vendor stamps.
- o Vendor fair hearings: Preparation for, travel to and from, and attendance at fair hearings for vendors.
- o Ordering check stock: Determining the number of boxes of blank stock needed, ordering stock from the state office, notifying the state office of the serial numbers received, and entering ranges into the Update Check Stock Range screen.
- o Reviewing voided checks: Reviewing the EOD check log to make sure that checks voided as "in hand" are filed with other "in hand" voids. Following up with staff who have voided checks incorrectly. Reviewing the monthly Checks Reported Void report. Verifying that participants have not used checks that were voided as lost/stolen.
- o Resolving check issuance problems: Resolving printer jams and misnumbered checks. Calling the Help Desk.
- o Check Stop Payment: Calling state office to verify status of checks reported lost/stolen. Explaining stop payment policy to participants.

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## B. CLIENT SERVICES

### 1. Certification

- o Reviewing MRFs: Determining applicant's priority from information provided on the MRF.
- o Setting up appointment book: Time spent blocking off times for new prenatals, WIC infants, recertifications, nutrition education, etc.
- o Scheduling appointments: Time spent scheduling all appointments (certification, recertification and nutrition education) whether by phone or mail or in person.
- o Filing records: Filing and retrieving participant records.
- o Preparing records: Completing header information required on the Eligibility, Certification and and Assessment forms. Preparing folders. Completing Intake screen. Grouping family members in computer system. Requesting transfers.
- o Completing eligibility form: Verifying and documenting residency; dollar amount, frequency and source of income; household size. Ensuring that participants read (or are read) the Rights and Responsibilities statement and sign and date the Rights and Responsibilities section of the Eligibility Form. Completing Eligibility Form and Demographics screen.
- o Drawing blood: Drawing and testing blood.
- o Taking heights, weights: Weighing and measuring participants. Completing Health Data screens.

Do not include plotting growth charts. See next item.

- o Completing nutritional assessment and certification form: Completing nutrition and diet assessment, plotting growth charts, reviewing hematological test results, determining the appropriate nutritional risk factor and food package. Completing Certification form and Risk Assessment screen.
- o Consulting with health care providers: Addressing problems areas with health care providers via phone calls, mailings, visits, meetings and inservices.
- o Coordinating services - outreach and referral: Providing information about WIC and encouraging and coordinating referrals to/from WIC with health care providers, social service agencies, schools, etc.
- o Ordering supplies to conduct certifications: time spent ordering supplies needed for certification, e.g. forms, bloodwork supplies, computer supplies.

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B. CLIENT SERVICES (continued)

2. Check Issuance

- o Distributing checks: Printing checks, overseeing signing of signature log, filling out the ID folder, verifying authorized signature(s). Voiding and reissuing checks as needed. Issuing food package changes.
- o Explaining checks: Training participants and proxies on how to use checks.

C. NUTRITION EDUCATION

D. BREASTFEEDING PROMOTION

For the purpose of this section, nutrition education is defined as all activities which help the participant understand the importance of nutrition for good health. Breastfeeding promotion includes all activities which inform, encourage, and support a woman's decision to breastfeed her baby. Each category is divided into "nutrition education" and "breastfeeding".

- o Individual nutrition education: All education provided in a one-to-one counseling/education session, whether it is a certification or recert appointment, a follow-up contact, or a phone contact. Preparation and follow-up for the appointment.

Do not include filling out forms, plotting growth charts, completing 24-hour recalls and food frequencies, checking income or completing forms. These are part of the CLIENT SERVICES: CERTIFICATION section.

- o Group nutrition education: All education provided in a group setting, whether cert/recert or follow-up. Preparation and follow-up for the group.
- o Nutrition education materials: Writing, editing, printing, copying, translating, ordering or reviewing materials. Phone calls and travel time to the store, etc. Note that this section is divided into "producing", "purchasing", and "evaluating" materials.
- o Training nutrition educators: All staff training concerning nutrition education: paraprofessional training, conferences, staff meetings/inservices, and agency or state meetings. All preparation, presentation and travel time.
- o Monitoring nutrition education: Supervision, observation of individual and group counseling sessions, and reviewing SOAP notes.
- o Writing care plans: Summarizing care plans (SOAP) and writing in medical records.
- o Developing Nutrition Education Action Plan (NEAP): Preparing your annual Nutrition Education Action Plan. Include midyear progress report and final report, if applicable.





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## EQUIPMENT AND SERVICES

FOLLOW STANDARD PROCEDURES FOR PROCURING ALL EQUIPMENT AND SERVICES FOR YOUR LOCAL PROGRAM.

MAINTAIN ALL EQUIPMENT IN PROPER WORKING ORDER. CALIBRATE ANTHROPOMETRIC EQUIPMENT REGULARLY (MINIMUM OF ONCE A YEAR) TO ENSURE ACCURATE MEASUREMENTS.

### PURCHASING EQUIPMENT

You may request equipment or related items of equipment costing less than five hundred (\$500) dollars through the local agency annual contract budget. If approved, purchase the item(s) at any time during the contract year, making sure the local agency retains documentation of the purchase and price.

Equipment not purchased through the contract process may be requested directly from the state agency. State agency staff assess the priority of your request and the availability of funds, and notify you of the decision. In this case, the equipment purchased is the property of the Commonwealth of Massachusetts, not your local agency.

### PROCURING SERVICES

The procurement of services is generally negotiated during the annual contracting process. Any procurement of services not negotiated at this time must be reviewed and approved by the state agency, and all services over \$10,000 must be competitively procured.

### PC INSURANCE

As the state agency has no funds or backup equipment available for replacing personal computers, make sure your agency's insurance policy provides for immediate replacement of PC equipment that is damaged or stolen, or purchase a separate policy that provides for such replacement.

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#### REQUIRED EQUIPMENT

Each site must have the following equipment available to collect anthropometric and hematological data for any applicant or participant who does not have a health care provider or for whom there is no current data from their health care provider.

- pediatric scale
- adult scale
- pediatric measuring board
- child/adult measuring tape/board with right angle block
- equipment and supplies to obtain a hemoglobin or hematocrit

If collection of required data is not possible, assist applicants or participants to obtain data within the appropriate timeframe and at no cost to themselves.

#### QUALITY ASSURANCE

To ensure accuracy of measurements, all equipment used to obtain anthropometric measurements must be maintained in proper working order. Follow manufacturer's instructions for test procedures and preventive maintenance.

- \*\* Perform quality controls for bloodwork daily.
- \*\* Test timing devices for hematocrit machines quarterly.
- \*\* Calibrate bloodwork equipment as directed by your Laboratory Director.
- \*\* Calibrate adult and pediatric scales at a minimum of once a year.  
Call the Division of Weights and Measures in your city/town for assistance.

CONFIDENTIALITY

INFORMATION ABOUT WIC APPLICANTS/PARTICIPANTS GATHERED DURING THE APPLICATION AND CERTIFICATION PROCESS IS CONFIDENTIAL.

ONLY THE FOLLOWING MAY HAVE ACCESS TO PARTICIPANT INFORMATION:

- PERSONS DIRECTLY CONNECTED WITH THE ADMINISTRATION OF THE WIC PROGRAM
- PERSONS DESIGNATED BY THE STATE'S CHIEF HEALTH OFFICER, UNDER CERTAIN CONDITIONS
- PERSONS AUTHORIZED TO PERFORM AUDITS.

Information about WIC applicants and participants is confidential. This includes information which the applicant or participant provides and information which you ascertain based on your observations. Examples of observed information would be the date the participant was in the clinic, or her/his apparent condition or behavior. WIC information, whether provided by applicants and participants or observed by WIC staff, is protected under the confidentiality provisions of the federal regulations, except as discussed below.

ANONYMOUS INFORMATION

Information may be released if it is done in such a way as to protect the identity of individuals. The state office does answer requests for statistical or summary data about WIC participation so that medical and other data collected on participants may be assessed and program impact studies can be conducted.

DUAL PARTICIPATION DETECTION

Certain applicant or participant information may need to be shared in order to prevent and detect dual participation in WIC. Inform applicants prior to certification that they do not have the option of declining to permit such information sharing if they wish to participate in the program.

## REPORTING OF CHILD ABUSE AND NEGLECT

Massachusetts state law requires the reporting of known or suspected child abuse or neglect. In such cases, you are required to release appropriate information. However, the general rules about confidentiality apply to instances where state or local child protection services contact you for information which may substantiate allegations of child abuse made by a third party, such as information on a child's appearance, abnormal interaction between the child and her/his parent or guardian, information on missed WIC appointments or the child's medical records. You may not respond to such requests unless, in analyzing the individual case, state or local legal counsel identifies a legal imperative to respond, e.g., a subpoena that cannot or should not, in the counsel's opinion, be contested, or a perceived need to comply with the request in order to avoid any legal liability for possible consequences to the child of failure to provide the requested information.

## RELEASE OF INFORMATION FOR CHILD CUSTODY AND OTHER CASES

There may be cases where you receive a request for WIC information from an individual who is not the applicant or participant, or from an organization not covered by an information-sharing agreement.

EXAMPLE 1: The parent of a child participant (not the child's legal guardian) requests the child's WIC records to be used against the guardian in a child custody suit. This situation usually arises during a court proceeding when a subpoena has been issued for WIC records.

EXAMPLE 2: The local police department contacts you requesting applicant or participant information such as a phone number, address, etc.

Due to the variety of situations in which information requests can be made, and the possible legal ramifications of such requests, consult with your legal counsel in response to these and similar requests. Especially in the case of records pertaining to infants and children, the person with the authority to sign a release form and waive the confidentiality requirement will be dependent on state law and may include one or both parents, guardians, etc. An attorney can decide who is the appropriate individual to sign a release and what procedures to follow with respect to a request or subpoena. Such determinations should be made on a case-by-case basis and can be dependent on state or local law.

If a subpoena is issued, your legal counsel should inform the parties of the suit and the courts about the WIC Program regulations concerning confidentiality and the limitations on the disclosure of WIC applicant and participant information before releasing any information.



RELEASE OF INFORMATION TO APPLICANTS AND PARTICIPANTS

A WIC applicant or participant may ask to see or copy his/her own WIC record, or a parent or guardian may request access to, or a copy of, a child's or infant's record. Assuming that any issues regarding custody or guardianship have been settled, these persons have the right of access to all information provided by the applicant or participant. You are not required to grant access to any other information in the file or record, such as documentation of income provided by third parties or any information which serves as a staff assessment of the participant's condition or behavior, unless required by State or local law or policy.



PARTICIPATION

"PARTICIPATION" MEANS THE TOTAL NUMBER OF WOMEN, INFANTS AND CHILDREN WHO HAVE BEEN CERTIFIED FOR WIC AND WHO ARE RECEIVING VOUCHERS.

The following sections detail each step of the many procedures involved in dealing with applicants and participants, from the first inquiry to the final termination.

This PARTICIPATION section is organized in the general order in which you would perform the procedures, starting with responding to applications and ending with terminations.





INQUIRIES

WHEN A PERSON INQUIRES ABOUT WIC, EXPLAIN:

1. THE WIC PROGRAM
2. THE CATEGORIES OF ELIGIBLE PEOPLE
3. THE ELIGIBILITY REQUIREMENTS
4. YOUR WAITING LIST PROCEDURE

A person may inquire about WIC either by phone or in person.

\*\* You may wish to informally screen the person for income eligibility to save her/him from applying if s/he is clearly above the income limits for participation.



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APPLICATIONS

OBTAIN THE FOLLOWING INFORMATION FOR EACH APPLICANT:

1. NAME
2. MAILING ADDRESS
3. TELEPHONE NUMBER
4. WIC CATEGORY - WOMAN (PREGNANT, BREASTFEEDING, OR POSTPARTUM NON-NURSING), INFANT (BREASTFED OR FORMULA-FED), OR CHILD
5. DATE OF APPLICATION

OBTAIN NECESSARY ANTHROPOMETRIC AND HEMATOLOGICAL DATA FROM A MEDICAL REFERRAL FORM, FROM THE APPLICANT'S MEDICAL RECORD, OR AT THE CERTIFICATION APPOINTMENT.

MAKE SURE APPLICANTS DO NOT INCUR EXPENSES TO APPLY FOR WIC, INCLUDING OBTAINING MEDICAL DATA OR RECEIVING A BLOODTEST.

SET UP YOUR APPLICATION PROCESS SO THAT APPLICANTS MUST COME TO THE WIC OFFICE ONLY ONCE IN ORDER TO DETERMINE THEIR ELIGIBILITY FOR THE WIC PROGRAM.

APPLYING FOR WIC

A person may apply to WIC by:

- o submitting a completed Medical Referral Form (MRF) signed by her/his health care provider and receiving a scheduled appointment

OR

- o calling to schedule a certification appointment and providing her/his name, address, telephone number, status and date of birth.

In this case, obtain required anthropometric and hematological data:

- from a completed MRF brought to the appointment
- from the applicant's medical record
- at the appointment (prenatals must show positive proof of pregnancy; home pregnancy test results excluded)

OR

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- o bringing proof of income and address and (for prenatals) a positive pregnancy test to the WIC office, and receiving a walk-in appointment. Infants and children applying for WIC must accompany the caretaker to ensure on-site collection of required anthropometric and hematological data.

Make every effort to accomodate high-risk applicants (prenatals, homeless, and high-risk infants and children) with walk-in appointments.

OR

- o having an assessment done by a community health center nutritionist who then forwards a copy of the assessment and certification forms to the WIC office.

Note the date of application as follows so it can be recorded on the DEMOGRAPHICS screen:

- \*\* If you schedule a certification appointment after receiving a completed MRF, fill in the "date received" space on the MRF.
- \*\* If you schedule an appointment without a MRF, note in the participant record the date the applicant made the appointment, with her/his name, address, telephone number, WIC status, and date of birth.
- \*\* If the participant is seen as a walk-in appointment, note this in her/his record.

OBTAINING ANTHROPOMETRIC AND HEMATOLOGICAL DATA

Obtain current anthropometric and hematological data for each WIC certification, and document nutrition-related medical problems. Because WIC is designed as an adjunct to participants' health care, you should collect this information from participants' health care providers whenever possible, using the appropriate Medical Referral Form or the applicant's medical record if you have access to it. However, applicants must not incur expenses in applying for WIC. Make arrangements for obtaining this data free of charge for applicants who do not have health care or who cannot obtain current data without incurring expense by:

- o sending the applicant to your agency's health care facilities

OR

- o doing the blood test and anthropometric measurements at your office.

Be sure to refer applicants who do not receive health care to your agency's health care facilities or to a local health care provider.



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#### USING THE MEDICAL REFERRAL FORM

When applicants say they would like to apply for WIC, give or mail them the appropriate medical referral form (and dental referral form, if applicable) and

- o Explain that you must have a completed medical referral form to review before you can give them a certification appointment or put them on the waiting list

OR

- o Make certification appointments at the time you give out the medical referral form and tell applicants that they must bring the completed referral form to the appointment.

Make a policy for your program and be consistent for all applicants.

#### DETERMINING THE PRIORITY

Attempt to determine an applicant's priority so that you can schedule her/him appropriately. The competent professional authority (CPA) assigns the applicant's priority using the completed Medical Referral Form or the applicant's medical record, if either is available. If an applicant's nutritional risk factor is not obvious, assign the lowest priority for the applicant's category.

NOTE: Assess all prenatal and nursing women to determine their actual priority.



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SCHEDULING INITIAL CERTIFICATION APPOINTMENTS

GIVE PRIORITY 1 PREGNANT WOMEN AND FAMILIES OF MIGRANT FARMWORKERS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

- o IF YOU HAVE A WAITING LIST FOR THESE APPLICANTS, GIVE OR MAIL THEM A WAITING LIST NOTIFICATION LETTER WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

GIVE ALL OTHER APPLICANTS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

- o IF YOU HAVE A WAITING LIST FOR ANY OF THESE APPLICANTS, GIVE THEM A WAITING LIST NOTIFICATION LETTER WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

TRY TO DETERMINE AN APPLICANT'S PRIORITY BEFORE SCHEDULING THEIR APPOINTMENT.

SET UP YOUR APPOINTMENT SYSTEM TO FIT YOUR PROGRAM'S CAPABILITIES AND NEEDS.

TIME FRAMES

- \*\* Enroll all eligible Priority 1 prenatal women and families of migrant farmworkers within 10 days of their application for WIC. TRY TO ENROLL ALL ELIGIBLE PRIORITY 1 AND PRIORITY 2 APPLICANTS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

See the WIC INFANTS section of this Procedure Manual for procedures allowing prompt enrollment of infants born to mothers who are already on WIC.

- \*\* Enroll all other eligible applicants within 20 days of their application for WIC, or notify them that they have been put on your waiting list.

See MANAGING A WAITING LIST and WAITING LIST STATUS sections of this Procedure Manual.

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## SCHEDULING APPOINTMENTS

Establish an appointment system which makes the best possible use of your staff and which can handle the demand for initial certifications as well as repeat certifications.

- o Schedule certification appointments on a first-come, first-served basis if you have no waiting list.
- o If you have a waiting list, schedule certification appointments based on the applicant's priority, highest priorities first.

Schedule initial certification appointments in groups or individually.

### Group Appointments

Schedule applicants of the same WIC category (P, B, N, I, F, or C) in groups together, if possible.

Schedule group appointments based on the facilities and staff available for each group.

### Individual Appointments

Schedule individual certification appointments in one of two ways:

- open booking, when you see any type of applicant at any time your program is open, or
- having specific days and/or times of the week when you see certain types of applicants (e.g. prenatal women, WIC infants).

Allow enough time to do a thorough interview and assessment without running behind schedule. Suggested appointment times for initial certifications are:

- |                       |            |
|-----------------------|------------|
| o pregnant women      | 45 minutes |
| o infants             | 30 minutes |
| o children            | 30 minutes |
| o breastfeeding women | 45 minutes |



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CERTIFICATION

CERTIFICATION IS THE PROCESS BY WHICH YOU DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR WIC BENEFITS.

COMPLETELY DOCUMENT EACH PERSON'S ELIGIBILITY (CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK) BEFORE YOU ISSUE CHECKS.

Include the following information in each certification record:

- |   |                                 |
|---|---------------------------------|
| 1. Name   | Eligibility Form and computer   |
| 2. Verification of categorical eligibility                            | Eligibility Form                |
| 3. Verification of geographical eligibility                           | Eligibility Form                |
| 4. Verification of income eligibility                                 | Eligibility Form                |
| 5. Signature affirming knowledge of rights and responsibilities       | Eligibility Form                |
| 6. Height/length and weight   | Computer and NCHS growth chart  |
| 7. Blood test results   | Computer and MRF or Cert form   |
| 8. Dietary assessment   | Assessment/Questionnaire form   |
| 9. Nutrition care plan in SOAP note format, including follow-up plans | Certification Form              |
| 10. Nutritional risk  | Certification Form and computer |
| 11. Food package assignment   | Certification Form and computer |
| 12. Signature of the CPA  | Certification form              |
| 13. Date of certification   | Certification Form and computer |

IF THE APPLICANT DOES NOT MEET CRITERIA

Give the applicant a completed "NOT ELIGIBLE LETTER" and explain that s/he may reapply to the WIC Program. You may also:

- Give them supermarket gift certificates supplied to you through Project Bread.
- Refer them to other programs for which they may be eligible.



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ELIGIBILITY DETERMINATION

TO BE ELIGIBLE FOR WIC, AN APPLICANT MUST MEET FOUR ELIGIBILITY CRITERIA:

1. CATEGORICAL
2. GEOGRAPHICAL
3. INCOME
4. NUTRITIONAL RISK

Check categorical eligibility first, then geographical eligibility, then income eligibility. By pre-screening applicants for these eligibility criteria first, you may save them from coming in for a nutrition appointment unnecessarily.

A person who is not eligible for WIC may reapply immediately and as often as s/he wishes.

1. The first part of the paper is devoted to a general discussion of the problem of the existence of solutions of the system of equations

$$\begin{aligned} \frac{dx}{dt} &= f(x, y, z, t) \\ \frac{dy}{dt} &= g(x, y, z, t) \\ \frac{dz}{dt} &= h(x, y, z, t) \end{aligned}$$

where  $f, g, h$  are continuous functions of  $x, y, z, t$  and satisfy the Lipschitz condition with respect to  $x, y, z$ .

2. In the second part of the paper we consider the case when the functions  $f, g, h$  are periodic with respect to  $t$ .



## CATEGORICAL ELIGIBILITY

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TO BE CATEGORICALLY ELIGIBLE FOR WIC, A PERSON MUST BE ONE OF THE FOLLOWING:

- A PREGNANT, BREASTFEEDING OR POSTPARTUM WOMAN
- A BREASTFED OR BOTTLEFED INFANT
- A CHILD

For purposes of WIC eligibility:

- \* A pregnant woman is a woman having one or more embryos or fetuses in utero.
- \* A breastfeeding woman is a woman up to one year postpartum who is providing her infant(s) with her breastmilk at least once a day.
- \* A postpartum woman is a woman up to six months after termination of her pregnancy. A woman having a spontaneous abortion (miscarriage) or a therapeutic abortion after 20 weeks gestation may also be certified as a postpartum woman.
- \* An infant is a person under one year of age.
- \* A child is a person who has attained her/his first birthday, but has not yet attained her/his fifth birthday.

## DOCUMENTING ELIGIBILITY

A completed Medical Referral Form is adequate documentation to verify that an applicant is pregnant, breastfeeding, postpartum, under 1 year or under 5 years.

- For infants and children without Medical Referral forms, call the health care provider to verify age, or ask the caretaker to bring a birth certificate or other official document showing date of birth.
- For walk-in appointments, prenatals must show proof of a positive pregnancy test, but you may accept a woman's verbal statement that she is breastfeeding.

\*\* IF THE APPLICANT IS NOT CATEGORICALLY ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.
2. Give her/him a "NOT ELIGIBLE LETTER" indicating the appropriate reason for ineligibility.
3. Give the person information on the fair hearing process.



GEOGRAPHICAL ELIGIBILITY

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ALL MASSACHUSETTS RESIDENTS MAY APPLY FOR WIC BENEFITS IN MASSACHUSETTS.

AN APPLICANT DOES NOT HAVE TO BE A U.S. CITIZEN OR A PERMANENT RESIDENT TO BE ELIGIBLE FOR WIC, AND A SOCIAL SECURITY NUMBER IS NOT REQUIRED.

VERIFY EACH PARTICIPANT'S RESIDENCY AT EACH CERTIFICATION.

MASSACHUSETTS RESIDENTS MAY APPLY TO THE WIC PROGRAM OF THEIR CHOICE.

Massachusetts residency is the only geographical requirement.

-- Verify Massachusetts residency at each certification using such sources as:

- o Letter or statement from a Federal, state or municipal agency (Welfare, SSI, armed services, etc.)
- o Bill (electric, heat, phone, credit card, mortgage)
- o Bank statement
- o Postmarked envelope/postcard or magazine address label
- o Driver's license or Liquor Purchase Permit
- o ID card with address
- o Phone book
- o Lease, letter or rent receipt from landlord
- o Medical Referral Form (only if address was completed by health care provider)
- o Pay check or pay stub with home address
- o Copy of W-2 form or 1040 (valid during January only)

-- Use a self-declaration of residency for applicants who cannot provide documentation of residency (such as teenagers, people who have just moved to Massachusetts, people living here temporarily, migrants, refugees and the homeless). In the computer, use the address of the place where they are currently staying, a friend's address, or your WIC program address.

-- Document that you have verified residency on the Eligibility Form:

- o Check off "Printed document" if you've seen proof of residency.
- o Check off "Self-declared" if the applicant/participant is unable to provide documentation of residency.

If a participant reports a change of address in the middle of a certification period, document it in the computer.

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**\*\* IF THE APPLICANT IS NOT GEOGRAPHICALLY ELIGIBLE:**

1. Explain the reason for ineligibility.
2. Give a "NOT ELIGIBLE LETTER" indicating geographical ineligibility.

See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.

3. Provide information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.

4. Suggest that s/he contact the Health Department in her/his own state to locate an accessible WIC Program.

NOTE: Applicants may apply to the WIC program of their choice. You may not deny participation to someone simply because s/he lives outside of your catchment area, but you may encourage an applicant from outside of your assigned catchment area to go to another local WIC program if it will facilitate their receiving WIC services (i.e., closer to their home, no waiting list, bilingual staff, etc.).



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### INCOME ELIGIBILITY

INCOME ELIGIBILITY IS BASED ON THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD AND ON THE HOUSEHOLD SIZE.

MAXIMUM INCOME ALLOWED IS 185% OF THE POVERTY GUIDELINES AS ESTABLISHED ANNUALLY BY THE U.S. DEPARTMENT OF AGRICULTURE.

CURRENT RECIPIENTS OF FOOD STAMPS, AFDC, AND/OR MEDICAID ARE AUTOMATICALLY INCOME-ELIGIBLE FOR WIC. (THIS APPLIES TO THE RECIPIENT ONLY, NOT TO OTHER MEMBERS OF HER/HIS HOUSEHOLD.)

APPLICANTS CURRENTLY RECEIVING GENERAL RELIEF OR REFUGEE CASH AND MEDICAL ASSISTANCE ARE INCOME-ELIGIBLE IF THIS ASSISTANCE IS THEIR ONLY HOUSEHOLD INCOME.

Determine both the total gross income of the applicant's household and the household size. Compare this information with the income guidelines provided every July 1 by USDA.

#### Automatic Income Eligibility

If the applicant receives Food Stamps, AFDC, and/or Medicaid benefits, s/he is considered automatically income-eligible for WIC regardless of household size or income. (This guideline applies only to the individual approved for Food Stamps, AFDC or Medicaid, not others living in her/his household).

Do not terminate a participant during his/her certification period because s/he has stopped receiving AFDC, Food Stamps and/or Medicaid. At the recertification appointment, however, income eligibility must be established using standard procedures.

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\*\* IF THE APPLICANT IS NOT INCOME ELIGIBLE:

1. Explain that her/his income is above the cutoff point and therefore s/he is not eligible.
2. Give her/him a "NOT ELIGIBLE LETTER" indicating income as the reason for ineligibility.

See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.

3. Provide information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.

\*\* IF A PARTICIPANT BECOMES OVER-INCOME DURING THE CERTIFICATION PERIOD BECAUSE ANOTHER FAMILY MEMBER HAS BEEN FOUND OVER-INCOME AT A CERTIFICATION OR REPEAT CERTIFICATION:

1. Explain the reason for termination.
2. Give a "NO LONGER ELIGIBLE LETTER" indicating income as the reason for termination.

See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

3. Provide information on the fair hearing process.
4. Give a last set of vouchers if the issue date falls within 15 days after you determined ineligibility and gave the "NO LONGER ELIGIBLE" letter.
5. Terminate the participant according to the procedures described in the TERMINATIONS section of this Procedure Manual.

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USE EITHER THE CURRENT INCOME OR THE AVERAGED INCOME OVER THE PAST 12 MONTHS, WHICHEVER IS THE BETTER INDICATOR.

Consider the household's income over the past 12 months and the household's current income to determine which is the better indicator of eligibility.

If Self Employed:    What do you do for a living?  
Do you file quarterly tax statements to the IRS?  
Is your income seasonal? Sporadic?

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If Working Overtime: Do you regularly work overtime?  
How often do you work overtime?  
How much overtime do you regularly receive?

If a Medicaid Recipient: Who is covered by Medicaid?

If Receiving AFDC: Who in the household is included in the AFDC grant?

If a Food Stamp Recipient: Who are the Food Stamps for?

If a Student: Do you receive any grants, scholarships or loans?  
Do you have a work study job? an assistantship?  
Does your spouse work? Do you work?  
Does your family/country provide you with financial support?  
Does your school provide you with financial support?

If in the Military: What is your income?  
Does any other household member receive additional income?

If a Member of the Clergy: What is your income?  
Does any other household member receive additional income?

If the Applicant Does Not Appear to Be Income Eligible: Does this amount represent your regular income?  
How long have you been receiving this income?  
Does this income accurately represent what your household has been living on for the past 12 months?

INCLUDE THE FOLLOWING AS INCOME

1. wages, salary, commissions, or fees
2. public assistance or welfare payments
3. unemployment benefits
4. net income from self-employment
5. social security payments
6. dividends or interest on savings or bonds, income from estates or trusts, or net rental income
7. government civilian employee payments, military retirement or pension payments, or veteran's payments



8. private pensions or annuities
9. alimony or child support payments
10. payments for the care of a foster child
11. regular contributions from persons not living in the household
12. royalties
13. cash received or withdrawn from any other source readily available to the family, such as savings, investments, and trust accounts.

DO NOT INCLUDE THE FOLLOWING AS INCOME

1. value of Food Stamps
2. value of assistance from any program established under the Child Nutrition Act of 1966, including:
  - o National School Lunch Act
  - o Special Milk Program
  - o School Breakfast Program
  - o Child Care Food Program
  - o Summer Food Service Program for Children
  - o WIC Program
3. financial assistance from any program funded under Title IV of the Higher Education Act of 1965 which is used for specified costs (books, materials, tuition, fees, supplies, transportation) including:
  - o Pell Grant
  - o Supplemental Educational Opportunity Grant
  - o State Student Incentive Grant
  - o National Direct Student Loan
  - o PLUS
  - o College Work Study
  - o Burd Honor Scholarship programs
4. housing allowances for military personnel
5. value of free housing received by members of the clergy and on-base military
6. payments or allowances received under the Home Energy Assistance Act of 1980
7. payments received from the youth employment demonstration program

8. any payment to volunteers under Title II or the Domestic Volunteer Service Act of 1973, including:
  - o RSVP
  - o Foster Grandparents
  - o SCORE
  - o ACE
9. any payment to VISTA volunteers who receive Food Stamps or public assistance at the time they join VISTA
10. reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
11. payments to certain Indian tribes including:
  - o income derived from certain submarginal land of the U.S. held in trust for certain Indian tribes
  - o income derived from the disposition of funds to the Grand River Band of Ottawa Indians
  - o any payment to the Passamaquoddy Tribe and the Penobscot Nation or any of their members pursuant to the Maine Indian Claims Settlement Act of 1980

#### OVERTIME PAY

If an applicant appears to be over-income due to overtime pay included on the most recent paystub, request documentation of pay for the past month or for the past 12 months to determine if s/he is income eligible using the monthly or yearly guidelines.

#### INCOMES WITH DIFFERENT FREQUENCIES

If an applicant reports two or more different sources of income and the incomes are not received at the same frequency, convert all income to a common frequency as follows:

Frequency	To obtain monthly income:	To obtain annual income:
Weekly	multiply by 4.3	multiply by 52
Bi-weekly (every 2 weeks)	multiply by 2.15	multiply by 26
Semi-monthly (twice a month)	multiply by 2	multiply by 24

Example: If an applicant has a weekly income of \$100 and a monthly income of \$500, convert the weekly source to monthly by multiplying it by 4.3 (\$100 x 4.3 = \$430). Add this monthly amount to the \$500 for a total dollar amount of \$930 per month.

DETERMINING HOUSEHOLD SIZE

A HOUSEHOLD IS A PERSON OR GROUP OF PERSONS WHO MAY OR MAY NOT LIVE TOGETHER BUT WHO SHARE INCOME AND CONSUMPTION OF GOODS OR SERVICES.

DETERMINE HOUSEHOLD SIZE AS PART OF DETERMINING INCOME ELIGIBILITY.

DO INCLUDE in a household:

- o children living in the household
- o adopted children or those for whom the family has accepted legal responsibility
- o children residing in a school or institution, whose support is paid for by the parents or guardians

DO NOT INCLUDE in a household:

- o unborn infants
- o non-resident children for whom child support payments are made

DETERMINING HOUSEHOLD SIZE

To determine household size, ask the following questions:

- o How many people do you live with?
- o How many people are supported by your income?
- o Where do those supported by your income reside?

See the chart on the next page for guidelines for determining household size.

DETERMINATION OF HOUSEHOLD SIZE

SITUATION:	QUESTIONS TO ASK:	DETERMINATION OF HOUSEHOLD SIZE
<u>Foster Child</u>	<ul style="list-style-type: none"> <li>o Is the child a ward of the state?</li> <li>o Are you the child's legal guardian?</li> <li>o Do you receive any income because you care for the child?</li> </ul>	<ul style="list-style-type: none"> <li>o If the child is a foster child and remains the legal responsibility of a welfare or other agency, the foster child shall be considered a household of one.</li> <li>o If yes, include as member of family household.</li> <li>o If yes, include in income of household if not ward of state.</li> </ul>
<u>Child Support</u>	<ul style="list-style-type: none"> <li>o Do you receive child support payments?</li> <li>o How regularly do you receive these payments?</li> <li>o Do you pay child support?</li> </ul>	<ul style="list-style-type: none"> <li>o If yes, include in income determination.</li> <li>o Include in income at appropriate frequency.</li> <li>o Child support payments can <u>not</u> be deducted from income of payer.</li> </ul> <p>Do not include a non-resident child for whom support payments are made in the household size.</p>
<u>Institutionalized family member</u>	<ul style="list-style-type: none"> <li>o Do you pay financial support for the institutionalized person?</li> <li>o Does the state/other agency bear financial responsibility for the institutionalized person?</li> </ul>	<ul style="list-style-type: none"> <li>o If yes, include in household size.</li> <li>o If yes, do not include in household.</li> </ul>
<u>Living with another family</u>	<ul style="list-style-type: none"> <li>o Does the family provide you with free food, clothing, shelter, etc.?</li> <li>o Do you share the expenses?</li> <li>o Do you pay the family for living in their home?</li> </ul>	<ul style="list-style-type: none"> <li>o If yes, include as member of household.</li> <li>o If yes, include as member of household.</li> <li>o If a person is totally self-supporting, regardless of where s/he lives, that person is a household separate from the rest of those with whom s/he lives.</li> </ul> <p>A minor who pays for the expenses of her/his support is a household separate from the persons with whom s/he lives regardless of her/his age.</p>



DOCUMENTING INCOME

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DOCUMENT EACH APPLICANT'S INCOME ON AN ELIGIBILITY FORM AT EACH CERTIFICATION APPOINTMENT.

DOCUMENT THE INCOME OF ALL HOUSEHOLD MEMBERS.

RECIPIENTS OF MEDICAID, AFDC AND/OR FOOD STAMPS MUST PROVIDE PROOF OF CURRENT PARTICIPATION IN AT LEAST ONE OF THESE PROGRAMS. THEY DO NOT NEED TO PROVIDE PROOF OF HOUSEHOLD INCOME BUT MAY REPORT IT VERBALLY.

A MASSHEALTH CARD IS NOT AUTOMATIC PROOF OF WIC ELIGIBILITY BECAUSE IT IS NOT DATED.

Documentation may include, but is not limited to:

- pay stub
- unemployment check stub or printout
- letter from employer
- letter from Welfare office containing name of applicant and benefits received (dated within one month of WIC application)
- Medicaid phone verification
- computerized Welfare "Explanation of Grant Acceptance" (dated within the last 6 months)
- savings book (to estimate average weekly and/or monthly withdrawals)
- letter from the court regarding child support or alimony
- quarterly estimate tax form
- W<sub>2</sub> or 1040 tax forms (may be used to document past 12 months only when used in January)
- Leave and Earnings Statement (military)

In order to determine current income, make sure the the documentation source is dated within the past month. For the self-employed, whose tax returns are submitted quarterly, use the form from the most recent quarter.

If income eligibility is based on annualized income, make sure you have adequate documentation to verify the household's income for the past 12 months.

You do not need to keep a copy of the documentation in the person's file.

APPLICANTS/PARTICIPANTS WITH INCOME BUT NO DOCUMENTATION

Applicants/participants who have income but cannot document it (for example, persons who are homeless, who have recently moved to Massachusetts, or who are self-employed and not maintaining records or filing 1040-ES) may make a self-declaration of income, either in writing or verbally.

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## WELFARE APPLICANTS

If an applicant has recently applied for Medicaid, AFDC, Food Stamps, RCMA, or General Relief but is not yet receiving benefits:

- 1) Request a letter from the Welfare Department stating applicant's name, program eligibility and the cash grant to be received, dated within the last month

OR

- 2) Ask to see a copy of the Welfare Department's computerized "Explanation of Grant Acceptance" indicating eligibility and cash grant amount.

If an applicant cannot provide a letter or computer sheet, assess what s/he is currently living on and document the source.

Advise her/him to bring proof of the Medicaid/AFDC/Food Stamps/General Relief/RCMA benefit as soon as it is received. Note the change in income in the participant's file.

## STUDENTS

Documentation of income for students must include all readily available amounts received. Students are not allowed a deduction for tuition expenses unless they receive financial assistance income which is designated specifically for tuition and related expenses.

### Students Receiving Financial Aid

If a student receives a grant, loan or scholarship, include as income only readily available cash amounts received, such as those used for living expenses. Do not include the amount of money used for tuition and fees. The student's Financial Aid Transcript, available from her/his financial aid department, will show how the financial aid is to be used.

### Foreign Students

Some foreign students may be able to document their financial status with a "Certification of Finances", a financial disclosure statement used by most major universities when admitting non-immigrant alien students. Others may have to contact their financial aid department, international student office, or consulate/embassy for documentation of their financial status.

Remind non-immigrant alien students that participation in the WIC program might be considered by US Immigration and Naturalization Service (INS) as evidence that they have become public charges, which could jeopardize their visas. But children born in the United States to alien students are citizens, and their participation in the WIC Program does not jeopardize their parents' alien status.

Income Documentation

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CATEGORY	DOCUMENTATION REQUIRED (USE ONLY ONE)	AMOUNT	FREQUENCY	CODE
EMPLOYED	<ul style="list-style-type: none"> <li>- Pay check (gross amount)</li> <li>- Pay stub</li> <li>- Signed letter from employer stating source of income, total income and frequency</li> </ul>	Average dollar amount of paycheck(s)	Paycheck issuance schedule	<ul style="list-style-type: none"> <li>- 16</li> <li>- 03</li> <li>- 04</li> </ul>
SELF-EMPLOYED	<ul style="list-style-type: none"> <li>- Copy of quarterly tax return form (1040 ES - Estimated Tax for Individuals)</li> </ul>	As indicated	3 months or as indicated	- 08
SEASONALLY EMPLOYED (e.g., farmers and fisherman)	<ul style="list-style-type: none"> <li>- Previous year's W2 form</li> <li>- signed letter from the employer stating source of income, amount and frequency</li> </ul>	As indicated	Yearly or as indicated	<ul style="list-style-type: none"> <li>- 09</li> <li>- 04</li> </ul>
MILITARY PERSONNEL	<ul style="list-style-type: none"> <li>- Current pay statement</li> <li>- Leave and Earnings statement</li> </ul>	As indicated	As indicated	- 10
RECEIVING UNEMPLOYMENT	<ul style="list-style-type: none"> <li>- Unemployment claim printout</li> <li>- Copy of unemployment check</li> <li>- Unemployment check stub</li> <li>- Unemployment benefits letter</li> </ul>	As indicated	Weekly	- 05
LIVING ON SAVINGS	<ul style="list-style-type: none"> <li>- Savings account book</li> </ul>	Average amount of withdrawals over several weeks/months	Weekly or monthly	- 06
MEDICAID/AFDC/FS RECIPIENT OR APPLICANT	<ul style="list-style-type: none"> <li>- Explanation of Grant Acceptance sheet</li> <li>- Letter from DPW with name of applicant &amp; current benefits, dated within one month</li> <li>- Letter from social worker</li> <li>- Phone verification</li> </ul>	Dollar amount received as verbally reported	Current month	- 01
GENERAL RELIEF/RCMA RECIPIENT	<ul style="list-style-type: none"> <li>- Explanation of Grant Acceptance sheet</li> <li>- Letter from social worker</li> </ul>	As indicated	As indicated	- 02
STUDENTS RECEIVING FINANCIAL AID	<ul style="list-style-type: none"> <li>- Financial Aid Transcript</li> <li>- Certification of Finances form (for foreign students)</li> </ul>	Total amount for current semester (excluding amount for tuition and fees)	Length of semester	<ul style="list-style-type: none"> <li>- 17</li> <li>- 18</li> </ul>
FOSTER CHILD	<ul style="list-style-type: none"> <li>- Copy of check</li> <li>- DSS statement</li> </ul>	As indicated	As indicated	- 14
EMPLOYED PERSON WITH NO INCOME DOCUMENTATION	<ul style="list-style-type: none"> <li>- None</li> </ul>	Dollar amount received	As indicated verbally or in writing	- 11
NO INCOME	<ul style="list-style-type: none"> <li>- None</li> </ul>	N/A	N/A	- 12

DOCUMENTING INCOME ELIGIBILITY

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Completely fill out the Verification of Income Eligibility section of the Eligibility Form.

1. Check off the type of documentation used to verify the applicant's current or annualized income.
2. Complete the statement beginning "MY CURRENT TOTAL HOUSEHOLD INCOME IS \_\_\_\_\_" with the dollar amount, frequency (annual, monthly, biweekly or weekly), and household size.
3. Have the participant sign beside PARTICIPANT SIGNATURE.
4. Sign on the STAFF SIGNATURE line and fill in the complete DATE.



NUTRITIONAL RISK

A PERSON MUST HAVE A NUTRITIONAL RISK FACTOR TO BE ELIGIBLE FOR WIC.

USE THE FOLLOWING INFORMATION TO DETERMINE NUTRITIONAL RISK:

- o ANTHROPOMETRIC MEASUREMENTS
- o HEMATOLOGICAL VALUES
- o DIET ASSESSMENT
- o NUTRITION ASSESSMENT

DOCUMENT ALL INFORMATION USED TO DETERMINE NUTRITIONAL RISK IN THE PARTICIPANT'S RECORD.

For detailed instructions on obtaining nutritional risk information and documenting it in the participant record, see the following Massachusetts WIC Program publications:

- Instruction Guide for Assessment and Certification of Pregnant Women
- Instruction Guide for Assessment and Certification of Postpartum and Lactating Women
- Instruction Guide for Assessment and Certification of Infants
- Instruction Guide for Assessment and Certification of Children

\*\* IF THE APPLICANT IS AT NUTRITIONAL RISK AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Choose an appropriate certification reason for the applicant.
2. Continue the certification process for the applicant.



**\*\* IF THE APPLICANT IS AT NUTRITIONAL RISK, BUT IN A PRIORITY YOU DO NOT CURRENTLY SERVE:**

1. Offer her/him the opportunity to go on your waiting list. Give her/him a "WAITING LIST LETTER" if s/he is interested.

See the MANAGING A WAITING LIST section of this Procedure Manual.

2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible.

See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

**\*\* IF THE APPLICANT IS NOT AT NUTRITIONAL RISK:**

1. Explain the reason for ineligibility.
2. Give a "NOT ELIGIBLE LETTER" indicating "Not at nutritional risk".

See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

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NUTRITIONAL ASSESSMENT

COMPLETE A NUTRITIONAL ASSESSMENT FOR EACH PARTICIPANT AS PART OF THE CERTIFICATION PROCESS.

USE ONLY THE RISK FACTORS IN THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION" FOR THE CURRENT FISCAL YEAR.

IDENTIFY ALL RISK FACTORS FOR EACH PARTICIPANT.

The nutrition assessment enables you to:

- o identify each person's nutritional risk factors to determine eligibility
- o determine each participant's individual concerns and needs for nutrition education and counseling
- o determine each participant's nutritional needs in order to appropriately tailor the food package.

Assess each applicant's nutritional status by:

1. reviewing the medical referral form or anthropometric and biochemical measurements taken by the local WIC program
2. obtaining and reviewing the dietary assessment form or questionnaire
3. assessing information from the participant.

You may assess applicants individually or in groups. High-risk applicants or participants must be certified by a nutritionist, either individually or in a group. If high-risk participants are certified in a group, a nutritionist must provide individual counseling that addresses the participants' assessed risks.

Low-risk participants may also be certified individually if you think they would not be comfortable in a group or if they request an individual appointment.

For guidance on the planning, scheduling and provision of individual and group certifications, refer to the Nutrition Education Handbook (available in August, 1992)

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# THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION"

Use only the reasons listed in the Massachusetts WIC "Nutritional Risk Criteria for Certification" to determine eligibility. The Risk Criteria booklet is divided into three main sections:

- \*\* NUTRITIONAL RISK CRITERIA lists risk criteria by alphabetical codes. Each code/risk factor is subgrouped by participant category (pregnant, breastfeeding, postpartum, infant and child) which is divided into levels of risk designated by a double letter code. Example:

## M ADOLESCENT PREGNANCY

Pregnant	MA	MATERNAL AGE AT ONSET OF PREGNANCY 19 OR LESS
Breastfeeding		
Postpartum	MB	MATERNAL AGE AT ONSET OF PREGNANCY 19 OR LESS
Breastfed Infant	MA	MOTHER/CARETAKER AGED 19 YEARS OR LESS
Bottlefed Infant	MB	MOTHER/CARETAKER AGED 19 YEARS OR LESS
Child	MA	MOTHER/CARETAKER AGED 19 YEARS OR LESS

- \*\* PRIORITY CODES BASED ON NUTRITIONAL RISK list priority codes for each participant type based on their nutritional risk. Example:

RISK CRITERIA	CODE	P	B	N	I	F	C
D LOW WEIGHT FOR HEIGHT/LENGTH	DA	1A	1A	--	1A	1A	3A
	DB	--	--	6B	1B	1B	3B
	DP	--	1P	--	--	--	3P

NOTE: Codes ending in "P" indicate prevent regression.

- \*\* ATTACHMENTS contain statistical information needed to determine risk.

Prenatal Weight Gain Grid Use this table to determine pattern of weight gain for prenatal women.

Height and Weight Table Use this table to evaluate weight and frame size.

Caffeine Content of Selected Items Use this table to determine caffeine intakes.

## USING THE "RISK CRITERIA"

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### The Risk Criteria

The WIC "Nutritional Risk Criteria for Certification" have been set up to help your program best utilize its nutrition staff. The CPA column notes the appropriate CPA to provide nutrition services, based on the applicant's degree of risk and the amount of nutrition knowledge needed by a CPA for effective counseling. These CPA assignments are not based on priority, therefore CPAs may see people having risks of different priorities.

All postpartum teens, both breastfeeding and non-breastfeeding, are classified under nutritionist categories as the baby and mother are considered a high-risk pair.

### The Certification Appointment

Schedule the certification appointment with the appropriate nutrition staff as identified in the Risk Criteria booklet, based on available information provided by the participant, on the Medical Referral form, in the medical chart, etc. Example:

#### P CLINICAL MANIFESTATIONS

Pregnant                      PA      \*      LEAD POISONING                      II,N

Staff with CPA II status and Nutritionists may certify applicants with lead poisoning, although the CPA II should be utilized first.

If staff with a CPA II or I status sees a high-risk participant because the risk factor was not evident from the Medical Referral Form but was determined during the appointment, s/he must have the nutritionist consult on the assessment, plan, and food package assignment and sign off on the chart prior to check issuance. She must then schedule a high-risk individual appointment with the nutritionist for the participant.

### Documenting the Risk Factor

Risk factors with a \* next to them must be documented by the participant's health care provider, either on the Medical Referral Form or verbally, followed by written confirmation. Risk reasons with a † need a dentist's documentation. Risk reasons with a § need documentation from another service provider.

Assess and document all applicable risk factors in the Assessment (A) section of the Certification Form. Determine the highest priority and document under "Priority" in the Plan (P) section of the Certification Form.

THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features.

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PRIORITY CATEGORIES

PRIORITY CATEGORIES ARE DETERMINED BY FEDERAL REGULATION.

EACH NUTRITIONAL RISK FACTOR IS ASSIGNED A PRIORITY. ASSESS AND DOCUMENT ALL APPROPRIATE RISK FACTORS.

IF A PARTICIPANT HAS MORE THAN ONE NUTRITIONAL RISK FACTOR, THE RISK FACTOR WITH THE HIGHEST PRIORITY WILL DETERMINE THE PARTICIPANT'S PRIORITY.

USE THE PRIORITY CATEGORIES TO DETERMINE THE ORDER IN WHICH TO CERTIFY APPLICANTS WHEN YOUR PROGRAM HAS A WAITING LIST.

NUTRITIONAL RISK CRITERIA

Priority categories are determined by Federal regulation, and each category includes specific nutritional risk criteria. See the NUTRITIONAL RISK section of this Procedure Manual for more information about risk factors.

Assess and document ALL appropriate nutritional risk factors in the Assessment section of the Certification form.

ASSIGNING PRIORITIES TO THE BREASTFEEDING MOTHER AND INFANT PAIR

When certifying a breastfeeding infant, identify all possible certification reasons including the mother's most recent certification reason. If the mother's certification reason is a higher priority than any of the infant's risk factors, use the mother's certification reason to certify the infant.

- o Document the infant's certification reason under the "A" section of the Certification Form as "infant of a priority \_\_\_\_ breastfeeding woman". (Fill in I or IV, whichever applies to the mother.)
- o Link the mother and infant by entering the mother's ID number in the WIC MOTHER field on the INFANT/CHILD HEALTH DATA screen.
- o Document the infant's priority on the certification form (same priority as the mother).

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When certifying a breastfeeding woman, identify all possible certification reasons including the infant's most recent certification reason. If the infant's certification reason is a higher priority than any of the mother's risk factors, use the infant's certification reason to certify the mother.

- o Document the mother's certification reason under the "A" section of the Certification Form as "breastfeeding a priority \_\_\_ infant". (Fill in I, II or IV, whichever applies to the infant.)
- o Note the infant's ID number in the mother's chart.
- o Write the mother's priority on the certification form (same priority as the infant).

NOTE: One of the pair must have a standard risk factor as listed in the Nutritional Risk Criteria for Certification. You cannot use "breastfeeding a priority \_\_\_ infant" to certify a woman if you are certifying the infant for "infant of a priority \_\_\_ breastfeeding woman".

BLOODWORK

BLOOD TESTS ARE REQUIRED AT EACH CERTIFICATION, EXCEPT FOR:

- INFANTS LESS THAN SIX MONTHS OF AGE
- CHILDREN WHOSE BLOODWORK WAS NORMAL AT LAST CERTIFICATION
- INDIVIDUALS WHOSE RELIGIOUS BELIEFS PROHIBIT THE TAKING OF BLOOD
- APPLICANTS WITH MEDICAL CONDITIONS CONTRAINDICATING BLOODWORK.

BLOOD TEST RESULTS FOR ALL APPLICANTS MUST BE NO OLDER THAN 60 DAYS FROM THE DATE OF THE WIC APPOINTMENT.

YOU MUST HAVE TEST RESULTS, OR PROOF THAT BLOOD WAS DRAWN, BEFORE YOU CAN CERTIFY AN APPLICANT AND ISSUE CHECKS.

BLOODWORK REQUIREMENTS

Since one of the primary purposes of the WIC Program is to help alleviate iron deficiency anemia, a screening test for iron levels is required for most applicants. Requirements are as follows:

1. BLOOD TESTS MAY BE ANY ONE OF THE FOLLOWING:

- Hematocrit (Hct): the percent of red cell volume or
- Hemoglobin (Hgb): the amount of iron in the blood or
- Free Erythrocyte Protoporphyrin (FEP): an indicator of iron-deficiency and/or lead poisoning.

2. YOU MUST HAVE TESTS RESULTS, OR PROOF THAT BLOODWORK WAS DRAWN, BEFORE YOU CAN CERTIFY AN APPLICANT. See MISSING OR PENDING BLOODWORK, below.

3. TEST RESULTS MUST BE NO OLDER THAN 60 DAYS FROM THE DATE OF WIC APPOINTMENT.

4. APPLICANTS CANNOT INCUR ANY COST FOR THE BLOOD TEST.

5. YOU MUST HAVE THE ABILITY TO DO BLOOD TESTS ON SITE OR HAVE ARRANGEMENTS WITHIN YOUR AGENCY TO HAVE TESTS DONE FREE OF CHARGE.

6. BLOOD TESTS FOR WOMEN MUST BE TAKEN ACCORDING TO THE FOLLOWING TIMEFRAMES:

- For pregnant women: during the current pregnancy.
- For breastfeeding and postpartum women: between the delivery date and the date of certification.
- For breastfeeding women at 6 months postpartum: within 60 days of certification.

BLOODWORK REQUIREMENTS (cont.)

7. BLOOD TESTS ARE REQUIRED FOR ALL APPLICANTS AT EACH CERTIFICATION, EXCEPT:

- Infants less than six months. However, you may use bloodwork as a reason for certification if you have received a test result from a physician or clinic, it is below the standard and isn't more than 60 days old.
- Children whose bloodwork was normal at last certification. Children need bloodwork done at their initial certification as a child. If the result is normal, bloodwork need not be done again for a year. If level is below normal, bloodwork must be repeated at next certification.

Example: Juan Morales is certified at 6 months of age.

AT 6 MONTHS:	Certified for underweight.	Blood test required for infants at six months. Results normal.
AT 12 MONTHS:	Certified for underweight.	Blood test required for initial cert as a child. Results normal.
AT 18 MONTHS:	Certified for underweight.	New blood test not required because results were normal at last cert.
AT 24 MONTHS:	Certified for prevent regression of underweight.	Blood test results over one year old. New blood test required; results normal.
AT 30 MONTHS:	Graduated; no nutritional risk factor.	Blood test requested; normal at last certification but test was done to be sure there were no risk factors before graduating Juan from the program.

IF A CHILD DOESN'T NEED NEW BLOODWORK:

- a. Transfer the previous bloodwork results to the current certification form, documenting the value and date taken.
- b. Leave the HGB, HCT and FEP fields blank on the INFANT/CHILD HEALTH screen.
- c. Enter risk factor(s) not related to bloodwork on the RISK ASSESSMENT screen.
- Individuals whose religious beliefs prohibit the taking of blood, such as Jehovah's Witnesses, Hindus, etc. See NOTE on following page.
- Applicants with medical conditions contraindicating bloodwork, such as hemophilia. Physician must document ongoing medical care and request that you refrain from taking blood. See NOTE on following page.



NOTE: IN THE CASE OF MEDICAL AND RELIGIOUS EXEMPTIONS:

- o Explain to the applicant the purpose of bloodwork, and that s/he may not qualify for WIC if other medical/dietary factors are normal, since bloodwork cannot be used as a certification reason.
- o In the participant record, document that you have explained the above to the participant, and note the reason for the absence of bloodwork.
- o Assess anthropometric, dietary and MRF information for nutritional risk, and conduct all other appropriate steps for certification.

MISSING OR PENDING BLOODWORK

Sometimes a participant is referred to WIC with a Medical Referral Form that is complete except for the bloodwork, which is missing or noted as pending.

- Bloodwork is PENDING when THE BLOOD HAS BEEN DRAWN by a lab or health care provider but the results are not yet known.
- Bloodwork is MISSING when BLOOD HAS NOT BEEN DRAWN by anyone.

1. BLOODWORK MISSING ON MRF

IF YOU CAN DO THE BLOODWORK ON SITE:

- Do the bloodwork.
- Document the results in the Objective section of the SOAP note.
- Enter the value and date on the HEALTH DATA screen.
- Enter the appropriate risk factors on the RISK ASSESSMENT screen.

IF YOUR AGENCY CAN DO THE BLOODWORK AND THERE IS ANOTHER RISK FACTOR:

- Send the individual to the agency lab to have the blood taken.
- Certify her/him using the procedure for BLOODWORK PENDING, below.

IF YOUR AGENCY CAN DO THE BLOODWORK AND THERE IS NO OTHER RISK FACTOR:

- Send the individual to the agency lab to have the blood taken.
- Wait for the bloodwork results; you can't certify someone without a risk factor.



2. BLOODWORK PENDING ON MRF

Make every effort to obtain the results by phoning the lab, doctor, etc.  
If the value is not yet available or it cannot be obtained and:

THERE IS NO OTHER RISK FACTOR:

- Wait for the blood results. You cannot certify an applicant without a risk factor.

THERE IS ANOTHER RISK FACTOR:

At the Certification Appointment:

- Certify the person using the other risk(s). On the HEALTH DATA screen, enter 999's in the HB, HCT and FEP fields. On the RISK ASSESSMENT screen, enter nutritional risk(s) not related to bloodwork, the appropriate food package, and a Frequency of "1" to issue only one month's worth of checks.
- Schedule an individual follow-up appointment for the participant for one month from now.
- After the checks are printed, make an entry on the MESSAGE screen showing that you still need bloodwork results (e.g., "No more checks until bloodwork results received"). Use code 1 to put a lock on check issuance.

When the Bloodwork Value is Received:

- Write the blood value and date in the chart.

At the Follow-up Appointment:

- Review value and counsel appropriately.
- Enter the blood value and date on the HEALTH DATA screen using a visit type "F" (follow-up). Enter any additional risks related to bloodwork and change the Frequency if desired.
- Acknowledge the previous entry on the MESSAGE screen so checks can be printed.

If Bloodwork Values Have Not Been Received by the Follow-up:

- Make every effort to obtain the results.
- If unable to do so, explain to the participant that you must have bloodwork before you can print any more checks. Provide instructions on what can/should be done to obtain results.
- Leave the check lock in the message screen.
- Schedule another follow-up appointment.

#### BLOODWORK LICENSURE

If your program is not affiliated with a hospital or health center, you must be licensed as a mobile blood collection station and operate under a license obtained by the Massachusetts WIC Program. Licensure inspection is performed at the discretion of the Division of Health Care Quality, and training, monitoring and technical assistance are provided by the WIC Laboratory Director.

All licensure/certification/accreditation required for the applicant agency must be on file with the Massachusetts Department of Public Health.

#### BLOODWORK PROCEDURES

1. Follow the protocols for collecting, analyzing and disposing of blood established by your Laboratory Director.
2. Conduct proficiency testing as directed by the Laboratory Director.
3. Perform appropriate quality control and preventive maintenance procedures for all bloodwork equipment, as outlined in previous section on EQUIPMENT AND SERVICES.



PREVENT REGRESSION

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USE PREVENT REGRESSION AS A REASON FOR REPEAT CERTIFICATION ONLY WHEN THE PARTICIPANT HAS NO NUTRITIONAL RISK AND TERMINATION FROM THE WIC PROGRAM WOULD BE DETRIMENTAL TO THE PARTICIPANT'S HEALTH.

ONLY A CPA CAN DETERMINE THE USE OF PREVENT REGRESSION.

DOCUMENT THE APPROPRIATE PREVENT REGRESSION RISK CODE IN THE ASSESSMENT SECTION OF THE CERTIFICATION FORM.

DO USE PREVENT REGRESSION:

- \* For recertification, on a case-by-case basis.
- \* When the CPA determines that the participant is no longer at nutritional risk and believes s/he would regress (the risk would reappear) without WIC benefits.
- \* For the following participants only:
  - Priority 1 and 4A breastfeeding women.
  - Priority 3 and 5 children.
  - Priority 1 and 4 infants being recertified as children, when the prior infant risk factor has an equivalent child risk factor.
  - Priority 2 infants being recertified as children, when there was a previous risk associated with a lower priority. For example, a WIC infant (priority 2A) with an inadequate diet (priority 4A).

DO NOT USE PREVENT REGRESSION

- \* As a reason for initial certification.
- \* If any "standard" nutritional risk factors can be used.
- \* For two consecutive certifications for the same participant.
- \* For pregnant women.
- \* For postpartum, non-breastfeeding women.
- \* For 1-year olds whose infant priority was 2A and who have no other priority risk documented in the nutritional assessment.
- \* For 1-year olds when there is no child risk factor equivalent to the one used to certify them as an infant.





WIC INFANTS

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"WIC INFANTS" ARE INFANTS BORN TO WOMEN WHO PARTICIPATED IN THE WIC PROGRAM DURING THEIR PREGNANCY.

WIC INFANTS ARE DEFINED BY FEDERAL REGULATION AS A PRIORITY 2 CATEGORY, UNLESS NUTRITION ASSESSMENT DETERMINES THEM TO BE IN PRIORITY 1.

CERTIFY AND PROVIDE CHECKS TO WIC INFANTS WITHIN 10 DAYS OF BIRTH OR FIRST CONTACT.

A FULL CERTIFICATION IS RECOMMENDED FOR BREASTFED INFANTS AND FOR INFANTS REQUIRING OTHER THAN THE STANDARD CONTRACT INFANT FORMULA.

A PRELIMINARY CERTIFICATION MAY BE CONDUCTED TO ENROLL FORMULA-FED INFANTS USING STANDARD CONTRACT INFANT FORMULA.

YOU MAY CONDUCT A PRELIMINARY CERTIFICATION WITH, AND ISSUE CHECKS TO, SOMEONE OTHER THAN THE INFANT'S MOTHER AS LONG AS YOU COMPLETE THE CERTIFICATION WITHIN SIX WEEKS FROM THE INFANT'S DATE OF BIRTH.

APPLICATION AND SCHEDULING

Give the Medical Referral Forms for infants and postpartum women to the woman prior to her EDD. Tell her to call the program when the baby is born, so that you can make an appointment for her recertification and the baby's certification.

Certify and issue checks to WIC infants within 10 days of birth or first contact. If you are unable to certify a WIC infant within 10 days of birth, be sure to note the "date of first contact" in her/his record.

If you are unable to do preliminary or complete certifications of WIC infants on a walk-in basis, be sure to schedule time at least once a week for this procedure.

FULL CERTIFICATION

When possible, conduct a complete certification for the WIC infant with the mother prior to issuing the first checks. This is particularly important for breastfed infants, to ensure timely and appropriate breastfeeding counseling.

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## PRELIMINARY CERTIFICATION

### At the Preliminary Certification

If the mother or primary caretaker is unable to come for a complete certification appointment, or if you are unable to schedule time for a full certification and the infant uses standard contract formula, conduct a "preliminary" certification prior to issuing the first checks. This includes:

- 1) Determining income eligibility
- 2) Reading Rights and Responsibilities and signing and dating affidavit at the bottom of the Eligibility Form
- 3) Verifying date of birth
- 4) Filling out a preliminary Certification Form for the infant with certification reason ("WIC infant"), certification date, priority, food package (standard contract formula), and signature (see following example)
- 5) Completing a growth chart with infant's birth weight and length
- 6) Printing checks
- 7) Scheduling a nutrition appointment for the infant and the primary caretaker within six weeks of the birth date, to complete the assessment and counseling and extend the certification period. (If your program is taking Priority 6's or the mother is breastfeeding, schedule the appointment to coincide with the mother's postpartum recertification appointment.)

### At the Nutrition Appointment

- 1) Complete the infant's nutrition assessment and SOAP notes
- 2) Provide nutrition counseling and referrals
- 3) Enter the "6-wk Assessment date" on the Certification Form, and sign it
- 4) Print checks

## CERTIFICATION PERIOD

WIC infants who receive full certification are certified until their first birthday, since they are certified before 6 months of age.

WIC infants who receive a preliminary certification are initially certified until 6 weeks of age; once they have completed the nutrition appointment, they are certified until their first birthday.

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CERTIFICATION PERIODS

PARTICIPANTS ARE CERTIFIED FOR A SPECIFIED PERIOD OF TIME WHICH  
DEPENDS ON THE CATEGORY OF THE PARTICIPANT.

CATEGORY	LENGTH OF CERTIFICATION PERIOD
PRENATAL WOMEN	For duration of pregnancy and until six weeks postpartum
BREASTFEEDING WOMEN	For six months, up to one year postpartum
POSTPARTUM WOMEN (non-breastfeeding)	Until six months postpartum
INFANTS	Until twelve months old, if enrolled at five months of age or less  For six months, if enrolled at 6 months of age or more
CHILDREN	For six months, until age five

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. The second part of the report is a detailed description of the methodology used in the study. It includes information about the sample size, the data collection methods, and the statistical analysis techniques.

3. The third part of the report is a discussion of the results of the study. It presents the findings of the research and compares them with the previous studies in the field.

4. The fourth part of the report is a conclusion and a list of references. The conclusion summarizes the main findings of the study and provides recommendations for future research.

5. The fifth part of the report is an appendix containing additional information related to the study, such as the raw data and the detailed statistical analysis.

6. The sixth part of the report is a bibliography listing all the sources used in the study.

7. The seventh part of the report is a list of figures and tables that are included in the study.

8. The eighth part of the report is a list of abbreviations and acronyms used in the study.

CERTIFICATION PERIODS FOR INFANTS

INFANTS LESS THAN SIX MONTHS OF AGE AT ENROLLMENT HAVE EXTENDED CERTIFICATION PERIODS ENDING ON THE MONTH OF THEIR FIRST BIRTHDAY. MAKE SURE THESE INFANTS ARE PROVIDED WITH:

- QUARTERLY NUTRITION EDUCATION CONTACTS
- AVAILABLE AND CONTINUOUS HEALTH CARE SERVICES.

INFANTS SIX MONTHS OR OLDER AT ENROLLMENT HAVE STANDARD CERTIFICATION PERIODS ENDING NO LATER THAN SIX (6) MONTHS FROM THE CERTIFICATION DATE.

CERTIFICATION PERIODS

Base the length of the certification period on the infants's age at initial enrollment.

- o Infants under 6 months of age will be certified until they are 12 months of age. Example:

Date of birth: 1/20/90

Date of certification: 2/4/90 (infant less than 6 months of age)

Repeat certification due: 1/20/91 (month infant turns 12 months)

- o Infants 6 months of age and older will be certified for a six month period. Examples:

Date of birth: 1/20/90

Date of certification: 7/6/90 (month infant turns 6 months)

Repeat certification due: 1/6/90 (6 months from date of certification)

Date of birth: 1/20/90

Date of certification: 11/24/90 (month infant turns 10 months)

Repeat certification due: 5/24/91 (6 months from date of certification)

AFTER THE INITIAL EXTENDED CERTIFICATION PERIOD, ALL REPEAT CERTIFICATIONS WILL OCCUR AT SIX (6) MONTH INTERVALS.



## BLOODWORK

Bloodwork requirements for an infant are dependent on his/her age at initial certification. Bloodwork is also required for the first certification as a child even if the participant had bloodwork done as an infant. Examples:

	<u>AGE AT 1ST CERT</u>	<u>BLOOD WORK?</u>	<u>AGE AT NEXT CERT</u>	<u>BLOOD WORK?</u>	<u>AGE AT NEXT CERT</u>	<u>BLOOD WORK?</u>
EXTENDED CERT	0-5 months	No*	12 months	Yes	18 months	Yes**
STANDARD CERT	6-11 months	Yes	12-17 months	Yes	18-23 months	Yes**

\* Although bloodwork is not required for infants between 0-5 months, results may be incorporated into follow-up contacts if already obtained by the participant.

\*\* Bloodwork is not required if the previous results taken at 12 months of age or older were above the hematological risk criteria standards.

## NUTRITION EDUCATION CONTACTS

Provide nutrition education contacts quarterly for infants with extended certification periods. Base the number of nutrition education contacts on the length of the certification period. Give all infants one nutrition education contact at the time of their initial certification and follow-up contacts as follows:

<u>AGE AT ENROLLMENT</u>	<u>LENGTH OF CERTIFICATION PERIOD</u>	<u>NUMBER OF FOLLOW- UP CONTACTS</u>
<u>&lt; 2 months</u>	10-12 months	3
3 to 5 months	7 - 9 months	2
6 months or older	6 months	1

This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

For infants on extended certifications, at least one follow-up contact must be an individual appointment which includes a length/weight measurement.

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WIC BENEFITS

WIC BENEFITS ARE SUPPLEMENTAL FOODS, NUTRITION EDUCATION, AND REFERRALS.



WIC SUPPLEMENTAL FOODS

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WIC SUPPLEMENTAL FOODS ARE CHOSEN BECAUSE THEY CONTAIN SPECIFIC NUTRIENTS NEEDED BY THE WIC TARGET POPULATION.

FEDERAL REGULATION SETS STANDARDS FOR WIC FOODS BUT ALLOWS STATE WIC PROGRAMS TO SET MORE SPECIFIC STANDARDS.

THE WIC FOOD LIST IS REVIEWED ANNUALLY. AT THIS TIME, NEW FOODS MAY BE ADDED AND/OR EXISTING FOODS MAY BE OMITTED.

LOCAL WIC NUTRITIONISTS AND PARTICIPANTS PROVIDE INPUT ON THE ADDITION/ DELETION OF FOODS FOR USE IN THE WIC PROGRAM.

Within the guidelines specified by federal regulation, the state WIC agency has final approval of all foods and special formulas provided by WIC. The State WIC Nutritionist considers the following factors when selecting foods to be available on the Massachusetts WIC Program:

- o nutritional value
- o acceptability among participants
- o food safety
- o market availability
- o cost
- o marketing practices

NUTRITIONAL VALUE

WIC supplemental foods are selected because they contain specific nutrients needed during critical periods of growth - pregnancy, lactation, infancy and childhood:

<u>WIC food</u>	<u>Nutrients provided</u>
Milk	calcium, protein, vitamin D
Cheese	calcium, protein
Eggs	protein
Cereal	iron
Peanut butter	protein
Beans, peas	protein
Juice	vitamin C
Infant formula	iron, protein

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Foods accepted for the WIC Program must meet nutrient standards as defined by the US Department of Agriculture and the state WIC office. The following chart lists the federal and state requirements for WIC foods.

	FEDERAL REGULATION	STATE REGULATION
FORMULA	o 10 mg of iron per liter (7.8 mg of iron per oz)	o Same
	o 20 kcal per fluid oz	o Same
INFANT CEREAL	o 45 mg of iron per 100 g dry cereal (12.8 mg of iron per oz)	o Same
	o No cereal/fruit or cereal/ formula combinations	o Same
INFANT JUICE	o 30 mg of vitamin C per 100 ml	o Same
WHOLE MILK	o 400 I.U. vitamin D per qt	o Same
	o Pasteurized milk	o Same
	o No flavored milk	o Same
		o Lactaid allowed
		o Calcimilk allowed
SKIM/LOWFAT MILK, BUTTERMILK	o 400 I.U. vitamin D per qt	o Same
	o 2000 I.U. vitamin A per qt	o Same
	o Pasteurized milk	o Same
	o No flavored milk	o Same
EVAPORATED OR DRY WHOLE MILK	o 400 I.U. vitamin D per qt	o Same
EVAPORATED OR DRY SKIM MILK	o 2000 I.U. vitamin A per qt	o Same
	o 400 I.U. vitamin D per qt	o Same



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	FEDERAL REGULATION	STATE REGULATION
CHEESE	o Domestic cheese only	o Same
	o No cheese foods	o Same
	o No cheese products	o Same
		o No cheese spreads
ADULT CEREAL	o 28 mg of iron per 100 g dry cereal	o Same
	o Not more than 6 g of sucrose per oz	o Same
		o No cereals containing aspartame or non-nutritive sweeteners
FLUID JUICE	o 30 mg of vitamin C per 100 ml	o Same
		o 100% fruit juice
		o No combination juices
FROZEN JUICE	o 30 mg of vitamin C per 100 ml, reconstituted	o Same
		o 100% fruit juice
PEANUT BUTTER	o No Federal standards	o No peanut butter/jelly or peanut butter/marshmallow combinations
DRIED BEANS/PEAS	o No Federal standards	o No state standards
EGGS/DRIED EGG MIX	o No Federal standards	o Grade A Large
		o No dried egg mix

In addition to the regulations listed above, some restrictions apply which are indirectly related to nutritional value and which mainly have to do with product confusion. For example, juice is not allowed in 46-ounce cans because of the ease with which a participant may confuse 100% juice with juice drinks or combinations such as Hi-C, or a food item which is WIC-eligible may be disallowed because the label is virtually identical to that of a similar product which is not eligible.

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## ACCEPTABILITY BY PARTICIPANTS

The WIC Program chooses foods that can be consumed by the majority of participants. Although palatability, preparation time, and cultural appropriateness are considered, it is difficult to determine how participants will accept foods so local program nutritionists and participants are encouraged to contact the state office with feedback.

## FOOD SAFETY

The WIC Program does not approve for use any food determined to be (or suspected of being) a health hazard as determined by the manufacturer, the US Food and Drug Administration, or the Massachusetts Food and Drug Program. Hazardous conditions include improper use of food additives, pesticides and other chemicals, and poor processing or packaging techniques. Foods already being distributed through the WIC Program are removed from the WIC-approved food list if they are found to be hazardous to health.

Foods selected for WIC must also have a reasonable shelf life to avoid the possibility of food becoming unsafe for consumption due to spoilage.

## MARKET AVAILABILITY

WIC foods, both national and store brands, must be widely available in Massachusetts. Only foods which have been on the market at least one year are considered for use by WIC.

## COST

Cost is another factor considered when choosing WIC foods. Higher-priced items may be disallowed if equally nutritious products are available at a lower cost. The following are restrictions on WIC foods based on cost:

- Milk - store or least expensive brands
- Cereal - no boxes smaller than 13 ounces  
- no single-serving packets
- Juice - frozen only (except homeless participants)
- Cheese - no shredded, sticks or snack-packs  
- no imported cheese  
- no Swiss, Provolone or Brick  
- no sliced prepackaged cheese (except for American)  
- no packages smaller than 9 ounces
- Beans/peas - packaged in bags only

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## MARKETING PRACTICES

Before a food item is selected for distribution by WIC, state staff determine that the manufacturer and/or distributor is dedicated to providing safe and adequate nutrition for all persons and complies with all applicable Massachusetts food delivery and nutrition policies in the areas of advertising and packaging/labeling:

### Advertising

Advertising should:

- support sound nutrition practices
- comply with the WHO Code (formula manufacturers only)

Advertising should not:

- be misleading
- be directed to consumers (formula manufacturers only)
- suggest that breastmilk may be insufficient (formula manufacturers only)

### Packaging/Labeling

The information on a WIC food or infant formula label must be:

- clear and conspicuous
- easily readable and understandable
- in an appropriate language
- be easily distinguishable from other non-WIC food items
- contain instructions for appropriate preparation, where necessary

In addition, infant formula labels must include:

- a list of ingredients used
- nutrient analysis
- storage conditions
- batch number and expiration date (frequently embossed on bottom of can)
- a statement of superiority of breastfeeding
- instructions to use product only on the advice of health care provider
- warning against hazards of incorrect preparation.

Infant formula labels must not include:

- picture of baby
- pictures or text idealizing the use of formula
- terms such as "humanized" or "maternalized"

See the following sections of the Procedure Manual for more information about the relationship between WIC and the infant formula industry: THE INFANT FORMULA INDUSTRY, WIC POLICY, ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY, ITEMS AND SERVICES RELATED TO INFANT FEEDING, and ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING. These sections are all under BREASTFEEDING PROMOTION AND SUPPORT in the PROGRAM ADMINISTRATION section of the Procedure Manual.



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CHOOSING AND DOCUMENTING THE FOOD PACKAGE

THE COMPETENT PROFESSIONAL AUTHORITY (CPA) CHOOSES THE APPROPRIATE FOOD PACKAGE AFTER COMPLETING A NUTRITION ASSESSMENT AND DISCUSSING THE PARTICIPANT'S FOOD PREFERENCES.

THE FOOD PACKAGE TABLES

The "FOOD PACKAGE TABLES" booklet lists all available Massachusetts WIC food packages and indicates recommended packages for each participant type.

CHOOSING THE FOOD PACKAGE

The food package tailoring system allows you to tailor the recommended food packages by varying the type and/or quantity of milk, cheese, eggs and cereal in women's packages; milk, cheese, eggs, cereal and juice in children's packages; and formula in infants' packages.

Adjust the WIC food package to provide the supplemental foods which are most appropriate for each participant by:

1. Completing a nutrition assessment for the participant.
2. Determining the food package recommended for the participant's category and age group.
3. Evaluating the participant's needs and preferences in relation to the recommended package.
4. Tailoring up or down from the recommended amounts if necessary.

See the "FOOD PACKAGE TAILORING GUIDE" for complete instructions on how to:

- tailor up or down from recommended packages
- document food packages in the participant record
- determine the nutrient composition of a recommended food package
- determine the number of weekly and daily servings for foods in the recommended packages.



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## DOCUMENTING THE FOOD PACKAGE

The CPA must document the rationale for all food package assignments. Make sure all participant records have up-to-date documentation supporting the most recent food package assignment.

The majority of risks listed in the Nutritional Risk Criteria can be used as justification for a food package assignment. Identify the participant's risk(s), decide on the food package best suited to help improve these risks, then document the reason for your package choice.

### At Certification and Recertification

1. In the S (Subjective) section of the SOAP note, include statements made by the participant or caretaker pertaining to the food package assignment, such as
  - limited cooking or food storage facilities
  - food preferences and dislikes
2. In the A (Assessment) section, check off all risks relevant to the participant, such as
  - abnormal weight/height measurements
  - abnormal pattern of weight gain
  - abnormal lab values
  - conditions that predispose to nutritional risk
  - medical or nutritional concerns
  - birth outcome
  - inadequate food intake

Do not restate information noted in the "S" section of the SOAP note.

3. Complete the "Rationale" section on the certification form. For participants with multiple risks, document the reason most relevant to the food package assignment. Some examples are:

- standard package	- low Hgb
- low protein intake	- <19 years old
- dislikes fruit juice	- physician's note
- lactose-intolerance	- allergic to eggs
- poor water supply (for ready-to-feed)	- G.I. disturbances
- mom can't mix formula (for ready-to-feed)	- underweight
- willingness to change eating behavior	- dislikes cereal
- cultural preference	- no refrigeration
4. Assign food packages for the entire certification period on the RISK ASSESSMENT screen. For infants, include cereal and juice at 5 months. For infants not certified during their birth month, either an infant's or child's package may be assigned for the month they turn 1 year old.

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Food Package Changes In Mid-Certification

If the participant requires a food package change during the certification period, the CPA must review and assess the nutritional needs and determine the appropriate food package. Document subjective and assessment information, food package and food package rationale on the Certification Form under Progress Notes.



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STANDARD FORMULAS FOR INFANTS

ENFAMIL WITH IRON OR PROSOBEE WILL BE ISSUED TO ANY INFANT RECEIVING FORMULA FROM WIC UNLESS THE PARTICIPANT HAS A COMPLETED PRESCRIPTION FORMULA FORM FROM THEIR MEDICAL PROVIDER.

ALL REQUESTS FOR FORMULA OTHER THAN ENFAMIL WITH IRON OR PROSOBEE MUST BE REVIEWED BY A NUTRITIONIST.

Enfamil With Iron and Prosobee are the formulas routinely issued to infants receiving formula from WIC. The Massachusetts WIC Program has a contract with Mead Johnson Nutritionals to be reimbursed for these formulas through an infant formula rebate system. All other formulas are considered prescription formulas.

Issue Enfamil With Iron or Prosobee unless the infant has a completed Prescription Formula Form documenting a need for a different formula. Refer to the PRESCRIPTION FORMULAS FOR WOMEN, INFANTS AND CHILDREN sections for specific instructions on issuing prescription formulas.

REQUESTS FOR FORMULA OTHER THAN ENFAMIL WITH IRON OR PROSOBEE

If a request is made for a formula other than Enfamil With Iron or Prosobee, the infant's parent/caregiver must be seen by a nutritionist, who will review and assess the need. Briefly, s/he will:

1. Document the symptoms in the participant record.
2. Use the Massachusetts WIC "Formula Intolerance Checklist" to determine whether the symptoms may be due to problems with feeding, preparation or storage.
  - If the symptoms appear to be caused by feeding, preparation or storage problems, provide appropriate counseling and suggest continued use of the standard contract formula. Provide follow-up consultation with physician.
  - If the symptoms appear to be due to an intolerance and the infant is on Enfamil With Iron, suggest obtaining physician's consent to switch to Prosobee.
  - If challenge with Prosobee is inappropriate and another formula is needed, give the parent/caregiver a Prescription Formula Form to be completed and signed by the physician. See the PRESCRIPTION FORMULAS section of this Procedure Manual for information on approval and documentation of prescription formulas.

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REQUESTS TO SWITCH BACK TO ENFAMIL/PROSOBEE

If a participant requests a change back to Enfamil with Iron or Prosobee, make the change provided the request is documented in the participant's file and symptoms previously documented by the physician are no longer present. The Senior Nutritionist should contact the doctor if there is any question of the appropriateness of the participant's request.



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PRESCRIPTION FORMULAS FOR WOMEN, INFANTS AND CHILDREN

PRESCRIPTION FORMULAS ARE ALL FORMULAS OTHER THAN THE STANDARD, CONTRACT IRON-FORTIFIED INFANT FORMULA. THIS INCLUDES:

- NON-CONTRACT IRON-FORTIFIED FORMULAS FOR INFANTS
- ALL LOW-IRON FORMULAS FOR INFANTS, INCLUDING THE CONTRACT BRAND
- WHOLE COW'S MILK FOR INFANTS 6 MONTHS OR OLDER
- STANDARD FORMULAS FOR WOMEN AND CHILDREN
- SPECIAL METABOLIC FORMULAS FOR WOMEN, INFANTS AND CHILDREN.

OBTAIN A COMPLETED 'PRESCRIPTION FORMULA FORM' FROM THE PARTICIPANT'S PHYSICIAN OR NURSE PRACTITIONER, DOCUMENTING THE NEED FOR A PRESCRIPTION FORMULA, BEFORE ISSUING THE FORMULA. DO NOT ACCEPT REQUESTS FROM REGISTERED NURSES, PHYSICIAN'S ASSISTANTS OR NUTRITIONISTS.

ALL REQUESTS FOR PRESCRIPTION FORMULAS MUST BE REVIEWED AND ASSESSED BY A WIC NUTRITIONIST.

WIC prescription formulas are formulas designed to meet special nutritional needs, and require a written prescription from a physician or nurse practitioner prior to issuance.

The state WIC office monitors issuance rates for all prescription formulas. Tracking these rates allows the state agency to 1) make projections regarding savings derived from the rebate system, and (2) identify possible overuse of special and non-contract formulas at local programs. The state office will provide technical assistance to programs with consistently high issuance rates for these formulas.

DESCRIPTION OF PRESCRIPTION FORMULAS

Non-contract Iron-Fortified Formulas for Infants are formulas that are not included under the WIC infant formula rebate system: Similac With Iron, Isomil, SMA With Iron, and Nursoy. These formulas are "standard" formulas which are designed to provide nutrition for "normal, healthy infants", and they are essentially the same as the standard contracted brands (Enfamil With Iron and Prosobee). However, they may only be issued when the physician or nurse practitioner documents that the participant cannot tolerate Enfamil With Iron or Prosobee.

Non-contract formulas are only issued in powdered form. Liquid concentrate will not be issued even if requested by the physician or nurse practitioner. The exception is Nursoy, which may be issued in concentrate form when an infant is allergic to the corn solids in Nursoy powder. Ready-to-feed forms of non-contract formulas may be issued in some cases; see the READY-TO-FEED section for more information.

Low-Iron Formulas for Infants Massachusetts WIC supports the American Academy of Pediatrics' recommendation of iron-fortified formula for formula-fed infants during the entire first year of life, so requests for low-iron formula must be approved by a physician. Enfamil Low-Iron will be provided unless the Prescription Formula Form documents medical symptoms and a diagnosis warranting a non-contract formula.

Participants receiving a vitamin/mineral supplement with iron have established a tolerance to iron. Parents/caregivers should be encouraged to consult with their physicians regarding the use of an iron supplement, and to begin using iron-fortified formula as soon as possible (if no contraindications exist).

Whole Cow's Milk for Infants Massachusetts WIC supports the American Academy of Pediatrics' recommendation of iron-fortified formula for bottle-fed infants during the entire first year of life, to ensure proper iron-nutriture and optimal growth for infants. Therefore, requests for whole cow's milk must be approved by a physician. It is strongly recommended that requests be accompanied by a current Hct/Hb. Milk packages will not be issued to infants less than 6 months of age.

Encourage parent/caretaker to consult with their physician regarding the use of an iron supplement, provide counseling concerning the use of iron-rich foods, and issue the appropriate milk package based on the nutritional adequacy of the infant's diet, as assessed using the following criteria:

- o 15 mg iron/day as supplied by infant cereal or strained infant food

- Infant cereal = 1.8 mg iron per tablespoon
  - Strained meat = 1.5 mg iron per jar
  - Strained liver = 5.2 mg iron per jar
  - Strained vegetables = 0.5-1.0 mg iron per jar

- o 35 mg vitamin C/day, as supplied by infant juices and fruits

- Infant juice = 35 mg vitamin C per 3.5-oz jar
  - Strained fruit = 40 mg vitamin C per jar
  - Orange juice = 35 mg vitamin C per 2 ounces

- o 200 grams of carbohydrate foods to balance the protein/fat of the whole cow's or evaporated milk (about 3/4 cup, or 1.5 jars of infant food)

- o 0.25 mg fluoride/day, as supplied by 4-6 ounces of fluoridated water.

Specialized Metabolic Formulas for Women, Infants and Children are available for participants with nutrition-related diseases and metabolic disorders. The FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM booklet contains detailed information on special formulas available, including manufacturer, size of can/box/packet, amount reconstituted, price, amount provided by WIC, and indications for use. The booklet also contains a list of formulas not provided by WIC.

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#### DOCUMENTATION FOR NON-CONTRACT AND SPECIALIZED FORMULAS

The following information must be obtained from the physician or nurse practitioner and documented on the Prescription Formula (PF) form prior to issuance of any non-contract or metabolic formula.

1. Participant's name and date of birth
2. Reason for issuance:

Diagnosed Disease Entities For medical conditions which are chronic and severe. The physician or nurse practitioner must indicate the condition for which the special formula is prescribed.

Diagnosed Intolerance/Allergy to Enfamil With Iron or Prosobee For transient medical problems such as diarrhea, vomiting, etc. Since only 1-2% of all infants develop a true allergy to milk/soy protein in formula, prescription formulas may not be prescribed for non-specific symptoms such as fussiness, colicky behavior, spitting up, etc. Provider must specify presenting symptoms, length of issuance, and formula prescribed.

Specialized Metabolic Formula for Women and Children Provider must indicate the condition for which the formula is being prescribed.

3. Signature of physician/nurse practitioner
4. Date of prescription

#### DOCUMENTATION FOR LOW-IRON FORMULAS AND WHOLE COW'S MILK FOR INFANTS

The following information must be obtained from the physician or nurse practitioner and may be documented on the Prescription Formula (PF) or on the provider's personalized stationery or prescription pad:

1. Participant's name and date of birth
2. Reason for issuance:

Need for Low-Iron Formula Provide Enfamil Low-Iron unless the provider specifies a medical diagnosis warranting a non-contract formula.

Need for Whole Cow's/Evaporated Milk for Infants

3. Signature of physician/nurse practitioner
4. Date of prescription



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## REVIEW AND APPROVAL BY NUTRITIONIST

Each prescription formula request must be reviewed and approved by a Nutritionist. S/he must:

1. Review each request for completeness and contact the physician if clarification is needed. Ensure that the request submitted includes the appropriate documentation:

- non-contract standard formulas and specialized metabolic formulas:	Prescription Formula Form w/ medical diagnosis
- low-iron formula and whole cow's milk for infants:	Prescription Formula Form <u>or</u> personalized stationery <u>or</u> prescription pad
- Note: See next section for information on phone approvals.
2. Document issuance of the prescription formula in the participant record, including:
  - Prescription Formula Form, personalized stationery or prescription
  - complete nutritional assessment in the participant's SOAP note, using the Formula Intolerance Checklist as guidance
  - nutritionist signature
3. Obtain approval and/or package number from the state office, if needed.
4. Provide the participant with appropriate counseling and education, including preparation and feeding of formula, where to buy the formula, and follow-up plans.
5. Schedule appropriate follow-up.
  - Monthly or bi-monthly follow-up is recommended for participants receiving non-contract or low-iron formulas, to allow you to closely monitor tolerance/need and to reintroduce Enfamil With Iron or Prosobee as soon as possible.
  - Schedule follow-up in one month's time for participants for whom you have obtained phone approval (see next section). Once you have received the physician's prescription, identify appropriate follow-up schedule.
  - Tri-monthly follow-up is recommended for infants on whole cow's or evaporated milk, and participants requiring long-term use of any prescription formula.

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6. Notify pharmacy if special order is needed for metabolic formula.
  - Determine the pharmacy where the participant will buy the formula.
  - Call and notify the manager or pharmacist what formula is needed and in what quantity. Give the manager the participant's name.
  - If the formula is not currently in stock, find out when it will be available. Vendor contracts with pharmacies require that prescription formula be made available within 48 hours from the time of the order.
  - Inform the manager that if the cost of the voucher exceeds \$30.00, s/he must send it directly to the state office for reimbursement:  
State WIC Office, Attn: Vendor Compliance Assistant, 150 Tremont St.,  
3rd floor, Boston, MA 02116
7. Submit a copy of the request to the state office.
  - If request is on Prescription Formula form, keep original and send the carbon copy to the state agency.
  - If request is on stationery or prescription pad, send a photocopy to the state office.

Put program stamp on each form, and batch them using a Prescription Formulas Log. Mail PF forms and logs to the state office weekly, along with your input forms.

#### PHONE APPROVALS

Prescription formulas may be approved over the phone.

1. The nutritionist must complete and document an assessment using the Formula Intolerance Checklist prior to consultation with the physician.
2. Document physician consultation under "Progress Notes" on the back of the Certification Form and note that the request was verbally approved by the physician/nurse practitioner.
3. Issue one month's worth of checks and explain to the participant or caretaker that you must have the physician/nurse practitioner's written prescription before you can issue a second set of checks. Give them a blank PF form to take to the doctor for completion.
4. If the participant comes in for the second set of checks and you have not received the necessary documentation, contact the physician/nurse practitioner and ask that s/he send it as soon as possible. Offer the participant a standard food package until the written prescription arrives.



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## RENEWAL OF PRESCRIPTION FORMULAS

A new PF form must be completed at each certification for all participants receiving prescription formulas, except those with specific disease entities warranting long term use of a special formula. In these cases, the prescription is considered an outstanding order.

For participants with allergy or intolerance to Enfamil/Prosobee, a new PF form is required when the original prescribed length of issuance has expired. If symptoms have subsided and the participant requests it prior to the expiration of the prescribed length of issuance, contact the physician/nurse practitioner to reassess the participant's need for a prescription formula.

## DISTRIBUTION OF PRESCRIPTION FORMULA FORMS

Give Prescription Formula forms to health care providers or participants who request them. You may provide a limited number of blank forms (3-5) to health centers, hospitals or other agencies serving the WIC population if you wish, but in general only WIC programs should be stocking PF forms.

## MEDICAID "PRIOR APPROVAL"

If a WIC participant WHO IS ALSO A MEDICAID CLIENT needs a formula WIC does not provide, or requires a quantity that exceeds the maximum WIC-allowable amounts, the physician may request the unavailable/additional formula through the Medicaid Prior Approval process.

The WIC nutritionist should:

1. Contact the physician to establish whether a WIC-approved formula may be substituted for the prescribed formula.

YES: document the consultation in the participant record and send a PF form to the physician to complete. Issue formula for one month.

NO: proceed to step 2.

2. Determine whether the participant currently receives Medicaid.

YES: explain to the physician the need for Prior Approval through Medicaid. Proceed to step 3.

NO: find out if they may be eligible and refer them to Medicaid.

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MEDICAID "PRIOR APPROVAL" (continued)

3. Send the following information to the physician to expedite the Prior Approval process: a) participant's name and Medicaid number, b) any WIC nutrition assessment information that may support the formula prescription or relate to the diagnosed medical condition, and c) one of the following statements:

- "The WIC Program is unable to provide (name of formula) as it is not approved by WIC as outlined in the booklet, "Formulas Available from the Massachusetts WIC Program".

OR

- "The WIC Program will provide (#) cans of (name of formula) per month for this participant. We are unable to provide the additional (#) cans per month, as this exceeds the maximum allowable food package quantity."

4. File a copy of the above documentation in the participant folder.
5. Issue a cereal and juice package if no formula is being provided by WIC.

The physician then submits a Prior Approval form to Medicaid, outlining the medical need and type/quantity of formula prescribed, and noting that the formula/amount is not available from WIC.

For additional information regarding the Prior Approval Process for obtaining formulas through Medicaid, contact:

Ruth Palombo, Director  
Office of Nutrition  
Massachusetts Department of Public Health  
150 Tremont Street  
Boston, MA 02111



READY-TO-FEED

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NUTRITIONISTS MAY ISSUE READY-TO-FEED FORMULA WHEN AN ASSESSMENT DETERMINES THAT THE PARTICIPANT/CAREGIVER CANNOT PROPERLY PREPARE CONCENTRATED OR POWDERED FORMULA OR THE WATER SUPPLY IS UNSAFE.

ISSUE THE CONTRACTED BRAND OF READY-TO-FEED, AND DOCUMENT THE REASON FOR ISSUANCE IN THE PARTICIPANT RECORD.

OBTAIN DOCUMENTATION OF UNSAFE WATER SUPPLY FROM YOUR LOCAL WATER DEPARTMENT AND KEEP ON FILE IN YOUR OFFICE.

Issue ready-to-feed formula only when the nutritionist has assessed that:

1. The parent/caregiver or participant is unable to properly prepare concentrated or powdered formula due to a physical or mental impairment confirmed by a medical or service provider, or
2. The parent/caregiver or participant is unable to properly prepare concentrated formula due to a lack of proper facilities for sterilization and refrigeration, or
3. You have requested and received state approval to use ready-to-feed due to an unsafe water supply.

"Unsafe water supply" includes but is not limited to conditions of viral/bacterial contamination, the presence of organic contaminants, and high levels of sodium, lead, metals, etc. If the nutritionist assesses a need to issue ready-to-feed due to an unsafe water supply:

- a. Obtain documentation from your local water department to verify the unsafe quality of the water.
- b. Send a copy of this documentation to the state WIC office. The state office approves these requests on a case-by-case basis.
- c. Keep a copy of the documentation in your program's files.
- d. Follow up with the water department as appropriate, based on the source of contamination and subsequent cleanup, to determine when the water is safe for consumption.
  - If the water is still unsafe, ask for documentation and send a copy to the state office. Keep a copy in your files.
  - If the water is determined to be safe for consumption, go back to issuing formula in concentrate and powdered forms.

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c DOCUMENTATION IN THE PARTICIPANT RECORD

Whenever you issue ready-to-feed formula, document all subjective and objective data, assessment and reason for issuance in the SOAP note of the participant record.

FLUORIDE SUPPLEMENTS

Encourage all participants on ready-to-feed formula to consult their physician regarding the use of a fluoride supplement.



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### HOMELESS PACKAGES

CHOOSE AN APPROPRIATE FOOD PACKAGE BASED ON NUTRITIONAL STATUS AND AVAILABILITY OF FOOD STORAGE AND COOKING FACILITIES.

WIC participants who have lost their normal residence due to disaster or eviction or who are escaping from domestic violence may be living temporarily in an emergency shelter or hotel/motel and, in extreme cases, on the street.

Although the aim of any food package prescription is to provide the supplemental foods required by the participant to best meet individual nutritional needs, the types and amounts of foods in the homeless packages have been modified to assure that the foods can be safely utilized, based on the cooking, refrigeration and storage facilities available to the homeless participant.

- Homeless participants who have access to refrigeration and cooking facilities may receive a regular package.
- For homeless participants with limited access to these facilities and to a safe water supply, packages were modified to include the following items not available in standard packages:
  - o evaporated milk in 5-oz cans
  - o juice in fluid quarts, 6 oz cans, and 4.2 oz infant jars
  - o infant formula in 8 oz ready-to-feed cans.

Document the need for a homeless package in the participant's record. Provide individual follow-up counseling in one or two months, to assess whether the participant still needs a homeless package or may now be issued a standard one.

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## SPECIAL INSTRUCTIONS

### Infants

- o Encourage all women to breastfeed. This is the easiest and healthiest way to feed the infant, especially if the family is lacking refrigeration and facilities for the proper sterilization of water and bottles.
- o Issue formula packages based on the availability of a water supply and facilities for sterilization and refrigeration, as follows. Water must be safe and available throughout the day; a hot plate may be used instead of a stove.

	SAFE WATER SUPPLY				UNSAFE OR NO WATER SUPPLY			
	REFRIGERATION		NO REFRIG		REFRIGERATION		NO REFRIG	
	STOVE	NO STOVE	STOVE	NO STOVE	STOVE	NO STOVE	STOVE	NO STOVE
0-4 MONTHS	conc or powder*	32-oz RTF	powder	8-oz RTF	32-oz RTF		8-oz RTF	
5-12 MONTHS	concentrate or powder *		powder **		32-oz RTF **		8-oz RTF **	

\* Any concentrate or powder package may be issued.

\*\* Issue package with homeless cereal and juice.

NOTE: Water used to mix formula for 0-4 month infants must be sterilized.

- o Instruct parents how to prepare one bottle of formula at a time, to discard all formula remaining in the bottle at the end of each feeding due to the potential for growth of harmful pathogens, and how to mix infant cereal with formula (for infants 5-12 months).
- o If no stove or hot plate is available for sterilization, instruct parent to wash bottles and nipples with soap in hottest water available and rinse thoroughly.
- o Do not issue whole or evaporated milk for infants over 6 months if refrigeration facilities are lacking.

### Women and Children

- o For children 1-2 years old, instruct the caretaker to purchase evaporated milk, since most powdered milks in Massachusetts are lowfat.
- o If a homeless woman or child needs a special formula, issue powdered formula whenever possible.

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NUTRITION CARE

PROVIDE PARTICIPANTS WITH NUTRITION EDUCATION AND COUNSELING RESPONSIVE TO THEIR NEEDS. TAKE INTO CONSIDERATION THEIR NUTRITIONAL RISKS, CONCERNS AND PROBLEMS, EDUCATION LEVEL, LIVING SITUATION, CULTURAL PRACTICES, CAPABILITIES AND LIFESTYLE.

COMMUNICATE NUTRITION INFORMATION AT A COMPREHENSIVE LEVEL AND IN A LANGUAGE THE PARTICIPANT UNDERSTANDS.

PROVIDE NUTRITION CARE AT NO COST TO THE PARTICIPANT.

DO NOT DENY SUPPLEMENTAL FOODS FOR FAILURE TO ATTEND OR PARTICIPATE IN NUTRITION EDUCATION ACTIVITIES.

Client-Centered Counseling

Client-centered counseling is the basis for participants' ability to understand and meet their own nutritional health needs during and after WIC program participation.

To be most effective, nutrition education should help participants take responsibility for their own nutritional care.

Client-centered counseling is based on the premise that helping the participant to identify problems and concerns is the key to successfully motivating her to develop attitudes which positively affect her eating habits and lifestyle, and consequently her nutrition and health.

Counseling Objectives

The counselor has two objectives in any counseling session:

1. to gain participant trust and to collect accurate information on food and nutrition practices by listening to a participant and recognizing their expressed needs, interests and problems.
2. to present new information and options responsive to the participant's problems and interests. The participant is likely to listen and set a goal because she has raised the problem herself and is interested in the solution.

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## GUIDELINES FOR THE COUNSELING SESSION

Use the following guidelines to create a successful counseling session.

### 1. The Setting

- make sure the office space is private enough to ensure confidentiality and privacy
- try to eliminate outside noise and distractions
- request not to be interrupted

### 2. Beginning the Counseling Session

- be on time
- introduce yourself
- explain what you are doing and why
- explain how long the appointment will be
- briefly explain the WIC program
- encourage the participant to ask questions

### 3. Gathering Information

- use open-ended questions
- listen to the participant
- clarify anything the participant doesn't understand
- maintain eye contact
- be relaxed
- have a genuine interest in what the participant is saying, and let your face express it

### 4. Giving Information

- select one major point. Do not try to cover everything in one session
- use language that is on the participant's level, but don't speak down to her/him
- reinforce what you suggest by using pictures, posters or food models
- summarize the session

## EVALUATING CLIENT-CENTERED COUNSELING

The state agency has produced forms for evaluating individual and group counseling and education sessions. They are included in your Originals Packet so you can use them to evaluate staff working toward CPA I and II status, and to monitor other nutrition staff for client-centered counseling. The state staff also use these forms during your program's annual management evaluation.



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NUTRITION CARE PLAN

THE CARE PLAN SUMMARIZES THE ENTIRE NUTRITION ENCOUNTER WITH A PARTICIPANT.

A GOOD CARE PLAN DESCRIBES ALL THE IMPORTANT COMPONENTS OF THE PERSON'S NUTRITIONAL STATUS AND INCLUDES MUTUALLY AGREED UPON PLANS FOR CHANGE AND FOLLOW-UP.

The purpose of the care plan is:

- o to improve health status and maintain that improvement
- o to obtain a desired behavior
- o to increase the participant's knowledge and skills
- o to refer the participant to additional resources as needed.

Write the care plan in the "SOAP" format for clarity and consistency.

S = Subjective: what the client says, quoted directly or paraphrased, pertaining to health status, current living and financial situation, food preferences and dislikes, willingness to change intake, etc.

EXAMPLE: "Billy looks skinny" Likes milk, eggs - dislikes cereal.

For participants certified in groups, write "Group Cert" in this section. Subjective information is not mandatory for participants certified in a group, but you may include it if you wish.

O = Objective: statistical information on participant's health status (including lab work, height/weight, diet assessment, etc) and participation in other MDPH programs and health/social services. Most of this information is stored in the computer record, while the completed Medical Referral Form, growth chart, and diet assessment or questionnaire are kept in the chart.



A = Assessment: evaluation of the participant's status based on subjective and objective data which documents all nutrition risk factors and the dietary assessment.

Do not repeat information already stated in the subjective and objective sections.

Information found to be adequate or within normal limits may also be included but is not mandatory, as is a note about your assessment of the client's stated interests or receptivity to nutrition education.

P = Plan: what happens in response to the assessment, including:

- Counseling/Education Provided You may use the check-list in this section to document topics discussed and/or any nutrition education materials you provided. Plans for high-risk individuals, however, must also include information other than check-list topics.
- Action Steps should identify what steps the participant will make to respond to nutritional needs, including changes you and s/he agreed on. Example:  
  
"Reinforced current intake of nutrient-dense foods. Discussed low blood iron, taking WIC juices with iron foods. Follow up two months on weight gain".
- Referrals Check off or write in appropriate referrals as suggested by you or requested by the participant.
- Nutrition Follow-Up Write the date that follow-up was scheduled for, whether it is individual or group, and the topic(s) to be covered.

Complete the care plan by entering the certification date and priority, food package and rationale, and your signature. (See CHOOSING AND DOCUMENTING THE FOOD PACKAGE in this Procedure Manual for instructions on documenting the food package rationale.)

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NUTRITION EDUCATION

NUTRITION EDUCATION MUST BE AN INTERACTIVE SESSION INCLUDING LEARNING AND TEACHING ACTIVITIES RESPONSIVE TO THE PARTICIPANT'S NEEDS AND/OR INTERESTS.

PROVIDE EACH PARTICIPANT OR CARETAKER AT LEAST TWO NUTRITION EDUCATION CONTACTS DURING THE CERTIFICATION PERIOD:

- THE FIRST CONTACT IS THE COUNSELING AND EDUCATION GIVEN AT THE CERTIFICATION APPOINTMENT.
- THE SECOND CONTACT IS A FOLLOW-UP CONTACT PROVIDED DURING THE CERTIFICATION PERIOD.

SCHEDULE NUTRITION EDUCATION APPOINTMENTS TO COINCIDE WITH CHECK PICKUP. HOWEVER, PARTICIPANTS MAY NOT BE DENIED CHECKS FOR REFUSAL TO PARTICIPATE IN NUTRITION EDUCATION.

DOCUMENT NUTRITION EDUCATION CONTACTS IN THE PARTICIPANT'S RECORD.

Nutrition education is an integral part of the WIC Program. Provide two nutrition education contacts for each participant during a certification period. Provide these contacts at separate times during the certification period - at the initial certification and at a follow-up contact - and utilize a variety of educational techniques.

The purpose of nutrition education in the WIC Program is to:

- emphasize the relationship between nutrition and good health
- improve the nutritional status of WIC participants by enabling them to make informed choices regarding food purchasing, preparation and eating habits.

Relate nutrition education provided to participants to their nutritional status, cultural preferences, and household resources. See Client-Centered Counseling in the NUTRITION CARE section of this Procedure Manual for more information.

- \*\* Provide individual nutrition counseling with a program or senior nutritionist for high-risk applicants and participants.
- \*\* Provide group education sessions for low-risk participants, to meet the similar needs/interests of several participants at once, and to create a forum for participants to share their experiences. Include activities which allow for maximum participant interaction and feedback.

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Nutrition education must be provided by the appropriate CPA as listed in the "Nutritional Risk Criteria for Certification". Example:

RISK FACTOR / CATEGORY	RISK CODE	DEFINITION	CPA
D LOW WEIGHT FOR HEIGHT/LENGTH			
Child	DA DP	WEIGHT FOR HEIGHT BELOW 5TH PERCENTILE	N
	DB DP	WEIGHT FOR HEIGHT 5-10TH PERCENTILE	I,II,N

Nutrition education need not be provided exclusively by WIC nutrition staff. If the participant is affiliated with a nutrition education program in the health center or clinic, coordinate and complement rather than duplicate the nutrition education the participant receives.

Use handouts, newsletters, bulletin boards, and posters to supplement nutrition education provided by nutrition staff. Make sure these materials appropriately reflect the cultural and ethnic backgrounds of participants and provide accurate nutrition information. These materials in and of themselves do not constitute nutrition education but support the counselor-client contact.

Refer to the Nutrition Education Handbook (available Fall, '92) for additional information and instructions.

#### EVALUATING NUTRITION EDUCATION MATERIALS

Use the E.M.P.O.W.E.R. Manual\* to evaluate all materials use or produced by your program. This manual gives complete instructions for ensuring appropriateness and quality of nutrition education materials, and is available by request from the state office.

\* Evaluate Materials to Promote Optimal Use of WIC Education Resources

#### DOCUMENTING NUTRITION EDUCATION

Document nutrition education contacts and refusals of contacts on the participant's certification form. Include the content, date, and staff initials. Group nutrition education may be documented using the Masterfile System. See the Nutrition Education Handbook (available Fall, '92) for additional information and instructions.

NUTRITION EDUCATION CONTACTS  
FOR WOMEN AND CHILDREN

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NUTRITION EDUCATION CONTACTS CONSIST OF AN INTERACTIVE SESSION BETWEEN WIC NUTRITION STAFF AND THE PARTICIPANT OR CARETAKER.

SCHEDULE NUTRITION EDUCATION CONTACT WITH EACH PARTICIPANT AT THE CERTIFICATION APPOINTMENT, AND ISSUE CHECKS IN CONJUNCTION WITH FOLLOW-UP NUTRITION EDUCATION.

DOCUMENT FOLLOW-UP CONTACTS SCHEDULED/RECEIVED IN THE PARTICIPANT'S RECORD OR USE THE MASTERFILE SYSTEM FOR GROUP EDUCATION.

The follow-up contact continues the client-centered nutrition education begun at certification. The topic of the follow-up contact is based on the participant's need as identified by the CPA at the certification appointment.

Follow-up contacts consist of an interactive session between WIC nutrition staff and the participant or caretaker; telephone contacts and non-interactive distribution of pamphlets/flyers by nutrition or program staff are not follow-up contacts and may not be recorded as such in the participant record.

Develops levels of care based on participant need and program protocols, and schedule follow-up appointments accordingly. In addition:

- \*\* Give all prenatals at least one individual follow-up during pregnancy.
- \*\* Provide at least one follow-up appointment to all parents and caretakers of children. If the child is at the appointment, include her/him in the discussion.

OPTIONS FOR FOLLOW-UP CONTACTS

Follow up contacts can be provided in small groups or individually.

- High-risk participants must be seen individually by the nutritionist.
- Group follow-up is recommended for low-risk participants. Groups enrich participant interaction, provide "hands on" nutrition activities, and foster peer support.

Nutrition-related non-WIC staff such as EFNEP, Head Start or MCH nutritionists may provide follow-up contacts; as with WIC contacts, the plan (topic, date and staff) must be documented in the participant record.

See the Nutrition Education Handbook (available Spring '93) for additional information and instructions on follow-up contacts.



SCHEDULING NUTRITION EDUCATION CONTACTS

The type of follow-up contact to schedule will depend on the participant's nutritional risk and preference for type of contact.

Individual Contacts are recommended for:

- o counseling with a nutritionist or CPA, depending on participant risk or need
- o follow-up on height/weight measurement, with discussion of growth or prenatal weight gain
- o food package change, screening of related nutrition issues, and explanation by a nutritionist or CPA
- o change of prescription formula package, with nutritionist assessment of presenting need and related dietary issues
- o individual nutrition question or concern by participant with an explanation by a CPA (for low risk participants) or explanation by a nutritionist (for high risk participants).
- o counseling to a breastfeeding woman to provide support, assess and resolve problems, and answer questions.

Group Contacts are recommended for:

- o low-risk participants or groups with similar interests
- o audio-visual presentation and discussion
- o food demonstration and discussion
- o discussion group or small group presentation

At the certification appointment, document the plan for follow-up education in the NUTRITION FOLLOW-UP section of the certification form. Note the month and year scheduled, specify individual or group, and note the topic(s) to be covered. MCH nutritionists may document the plan on the MCH Prenatal Nutrition Assessment form.

Use the Masterfile System for Group Education to schedule group nutrition education appointments. See the Nutrition Education Handbook (Spring '93), or contact the state nutrition staff for previous instructions or more information.



DOCUMENTING FOLLOW-UP CONTACTS

For individual follow-up contacts, complete the "Follow-up Nutrition Contact" section at the bottom of the certification form. For participants attending group sessions, use the Masterfile System for Group Education to document nutrition education.

If the participant did not attend the scheduled contact, reschedule to the next available appointment or appropriate group session, so as not to further delay the issuance of checks.



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NUTRITION EDUCATION CONTACTS FOR INFANTS

PROVIDE NUTRITION EDUCATION CONTACTS FOR EACH INFANT CERTIFIED FOR WIC.

- FOR INFANTS ON A STANDARD 6-MONTH CERTIFICATION PERIOD, PROVIDE 1 CONTACT AT INITIAL CERTIFICATION AND 1 FOLLOW-UP CONTACT.
- FOR INFANTS ON AN EXTENDED CERTIFICATION PERIOD, PROVIDE 1 CONTACT AT INITIAL CERTIFICATION AND 3 OR 2 FOLLOW-UP CONTACTS DEPENDING ON THE LENGTH OF THE CERTIFICATION PERIOD.

IF AN INFANT RECEIVES 3 OR 2 FOLLOW-UP CONTACTS, AT LEAST ONE OF THEM MUST BE AN INDIVIDUAL APPOINTMENT WHICH INCLUDES A HEIGHT/WEIGHT MEASUREMENT.

Schedule the type of nutrition education contact based on the infant's risk factors and coordinating contacts with the infant's schedule of health care visits whenever possible.

- Schedule high-risk infants for an individual appointment with a nutritionist regardless of the length of certification period.
- Schedule infants on extended certifications for at least one individual appointment to include a length/weight measurement, assessment of growth status and dietary intake, follow up on previously assessed risk(s), and counseling and education. The other required contacts may be either group or individual.
- Schedule low-risk participants for either group or individual appointments, based on your program's procedures and available space.

Base the number of nutrition education contacts on the length of the certification period. Give all infants one nutrition education contact at the time of their initial certification and follow-up contacts as follows:

<u>AGE AT ENROLLMENT</u>	<u>LENGTH OF CERTIFICATION PERIOD</u>	<u>NUMBER OF FOLLOW- UP CONTACTS</u>
< 2 months	10-12 months	3
3 to 5 months	7 - 9 months	2
6 months or older	6 months	1

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This is the minimum number of nutrition education contacts you must provide, although you may provide more if you wish.

Tell the parent/guardian the number of nutrition contacts that will be scheduled for the duration of the infant's certification period. Document plans under "Nutrition Follow-Up" section of certification form.

See "Guidelines for Follow-Up Contacts" in this section for more information on scheduling follow-up contacts for infants; see the "Protocol for Infant Health Maintenance" in this section for information on the recommended content of follow-up contacts.

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#### DOCUMENTATION

Document plans for all follow-up contacts in the "Nutrition Follow-up" section of the certification form.

- Use the "Follow-up Nutrition Contact" section of the certification form to record content of individual appointments.
- Use the Masterfile System for Group Education to schedule and document group nutrition education appointments.

GUIDELINES FOR FOLLOW-UP CONTACTS

HIGH RISK

AGE	CPA	# OF CONTACTS/FORMAT	CONTENT
0-12 months	Nutritionist	<ul style="list-style-type: none"> <li>o Per discretion of nutritionist</li> <li>o Individual appointment</li> </ul>	<ul style="list-style-type: none"> <li>o Height, weight</li> <li>o Immunizations</li> <li>o Diet assessment</li> <li>o Individual counseling</li> </ul>

LOW RISK

AGE	CPA	# OF CONTACTS/FORMAT	CONTENT
0-2 months	CPA II or Nutritionist	<ul style="list-style-type: none"> <li>o 3 follow-up contacts, one of which must be an individual appointment</li> </ul>	<ul style="list-style-type: none"> <li>o Height, weight</li> <li>o Immunizations</li> <li>o General infant health/nutrition information</li> </ul>
3-5 months	CPA II or Nutritionist	<ul style="list-style-type: none"> <li>o 2 follow-up contacts, one of which must be an individual appointment</li> </ul>	<ul style="list-style-type: none"> <li>o Height, weight</li> <li>o Immunizations</li> <li>o General infant health/nutrition topics</li> </ul>
6-12 months	CPA II or Nutritionist	<ul style="list-style-type: none"> <li>o 1 follow-up contact, individual or group</li> </ul>	<ul style="list-style-type: none"> <li>o Immunizations</li> <li>o General infant health/nutrition information</li> </ul>

NOTE: Certification reason (risk factor), priority and food package may be changed at any time during the certification period, as needed.



GROWTH AND DEVELOPMENT	EXAMINATION	IMMUNIZATIONS/PROCEDURES	NUTRITION AND HEALTH GUIDANCE
<b>2-4 WEEKS</b>			
<ul style="list-style-type: none"> <li>o INFANT TEMPERAMENT</li> <li>o ATTACHMENT</li> <li>o ENVIRONMENTAL ORGANIZATION</li> <li>o DEVELOPMENT               <ul style="list-style-type: none"> <li>- Eyes follow to midlevel</li> <li>- Eyes fix on face transiently</li> <li>- Reflexes                   <ul style="list-style-type: none"> <li>• poor head stability</li> <li>• rooting</li> <li>• suck/swallow</li> <li>• tongue thrust</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/F<del>LUORIDE</del> ASSESSMENT</li> </ul>	<ul style="list-style-type: none"> <li>o METABOLIC SCREENING</li> <li>o URINARY ANALYSIS</li> <li>o HEARING - BELL</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION               <ul style="list-style-type: none"> <li>- Breast/bottle</li> <li>- Formula preparation</li> <li>- Vitamin/mineral supplements</li> <li>- Sterilization</li> </ul> </li> <li>o SLEEP</li> <li>o URINARY/BOWEL FUNCTION</li> <li>o CRYING</li> <li>o SKIN CARE</li> <li>o FAMILY PLANNING</li> <li>o SIBLINGS</li> <li>o ACCIDENT PREVENTION               <ul style="list-style-type: none"> <li>- Car seat</li> <li>- Crib bars/bumpers</li> <li>- No strings or necklaces around neck or crib bars</li> <li>- Water temperature 125°</li> </ul> </li> </ul>
<b>2-3 MONTHS</b>			
<ul style="list-style-type: none"> <li>o SCHEDULE ESTABLISHED</li> <li>o REGULARITY OF DEMANDS</li> <li>o "FUSSING" EXPRESSES DISTRESS AND PLEASURE</li> <li>o RECOGNITION OF CARETAKERS</li> <li>o DRAMATIC INCREASE IN CRYING (3 months)</li> <li>o DEVELOPMENT               <ul style="list-style-type: none"> <li>- Vocalizes: bubbles, coos</li> <li>- Smiles, responsively</li> <li>- Lifts head to 45° angle</li> <li>- Eyes follow past midline</li> <li>- Turns eyes and head towards sound</li> </ul> </li> </ul>	<p align="center">(8-10 WEEKS)</p> <ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/F<del>LUORIDE</del> ASSESSMENT</li> </ul>	<p align="center">(8-10 WEEKS)</p> <ul style="list-style-type: none"> <li>o DPT #1</li> <li>o TOPV #1</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION               <ul style="list-style-type: none"> <li>- Adequacy of feedings</li> <li>- "Spitting up"</li> <li>- Delaying solid foods</li> </ul> </li> <li>o SLEEP: SPAN OF 3-10 HOURS (p</li> <li>o ACCIDENT PREVENTION               <ul style="list-style-type: none"> <li>- Car seat</li> <li>- Rolling off elevated surfaces</li> </ul> </li> <li>o IMMUNIZATIONS/REACTIONS</li> <li>o TOYS</li> <li>o BABY SITTERS</li> <li>o PARENTAL STRESS</li> </ul>
<b>4-5 MONTHS</b>			
<ul style="list-style-type: none"> <li>o INCREASED SKILLS</li> <li>o INCREASED PREDICTABILITY</li> <li>o STRANGER AWARENESS</li> <li>o DEVELOPMENT               <ul style="list-style-type: none"> <li>- Lifts head and chest</li> <li>- Sits with support</li> <li>- Grasps rattle</li> <li>- Holds bottle</li> <li>- Rolls front to back</li> <li>- Eyes follow 180°</li> <li>- Reduced tongue thrust reflex</li> </ul> </li> </ul>	<p align="center">(4 MONTHS)</p> <ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/F<del>LUORIDE</del> ASSESSMENT</li> </ul>	<p align="center">(4 MONTHS)</p> <ul style="list-style-type: none"> <li>o DPT #2</li> <li>o TOPV #2</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION               <ul style="list-style-type: none"> <li>- Stop sterilization</li> <li>- Adequacy of feedings</li> <li>- Discuss cereal</li> <li>- Nursing bottle mouth</li> </ul> </li> <li>o ACCIDENT PREVENTION               <ul style="list-style-type: none"> <li>- Playpen</li> <li>- Car seat</li> <li>- Stairway gates</li> <li>- Small objects</li> <li>- Sharp objects</li> <li>- Hot liquids</li> </ul> </li> <li>o ENCOURAGE TOYS/PLAY</li> <li>o SEPARATE BEDROOM FROM PARENTS</li> <li>o THUMBSUCKING IS NORMAL</li> <li>o IMMUNIZATIONS/REACTIONS</li> </ul>

GROWTH AND DEVELOPMENT	EXAMINATION	IMMUNIZATIONS/PROCEDURES	NUTRITION AND HEALTH GUIDANCE
MONTHS			
<ul style="list-style-type: none"> <li>o STRANGER/SEPARATION ANXIETY</li> <li>o STRUGGLE BETWEEN DEPENDENCE AND INDEPENDENCE</li> <li>o HIGHLY VISIBLE TEMPERAMENT</li> <li>o INCREASING MOTOR SKILLS</li> <li>o DEVELOPMENT <ul style="list-style-type: none"> <li>- Reaches</li> <li>- No head lag</li> <li>- Some weight bearing</li> <li>- Begins to sit alone and unsupported</li> <li>- Transfers</li> <li>- Squeals</li> <li>- Bite reflex</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/FLUORIDE ASSESSMENT</li> </ul>	<ul style="list-style-type: none"> <li>o DPT #3</li> <li>o TOPV #3</li> <li>o URINE (c+s female)</li> <li>o HEARING (voice)</li> <li>o EP/LEAD (6-12 months)</li> <li>o HGB/HCT (6-12 months)</li> <li>o TB TINE TEST (6-12 months)</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION <ul style="list-style-type: none"> <li>- Continue breastmilk/formula</li> <li>- Solids</li> <li>- Use of cup</li> <li>- Number of meals per day</li> <li>- Nursing bottle mouth</li> </ul> </li> <li>o ACCIDENT PREVENTION <ul style="list-style-type: none"> <li>- Car seat</li> <li>- High chair with harness</li> <li>- Playpen</li> <li>- Cover wall sockets</li> <li>- Supervise bath</li> </ul> </li> <li>o TEETHING</li> <li>o IMMUNIZATIONS/REACTIONS</li> </ul>
7-8 MONTHS			
<ul style="list-style-type: none"> <li>o INCREASED VOCALIZATION <ul style="list-style-type: none"> <li>- Shouts, sings</li> <li>- 2-syllable babble</li> </ul> </li> <li>o INCREASED CURIOSITY</li> <li>o BEGINS TO SHOW STUBBORNNESS; PUSHES THINGS AWAY</li> <li>o SHOWS HUMOR/TEASING/MANIPULATION</li> <li>o LEARNS "NO" BY VOICE TONE</li> <li>o DEVELOPMENT <ul style="list-style-type: none"> <li>- Begins pincer grasp</li> <li>- Starts to crawl</li> <li>- Pulls to stand</li> <li>- Sits alone without support</li> <li>- Curves lips around cup rim</li> <li>- Lateral tongue movement</li> <li>- Waves bye-bye</li> </ul> </li> </ul>	<p>(OPTIONAL)</p> <ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/FLUORIDE ASSESSMENT</li> </ul>	<ul style="list-style-type: none"> <li>o NONE REQUIRED</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION <ul style="list-style-type: none"> <li>- Solids progression: pureed to mashed to ground or finely chopped</li> <li>- Begin self-feeding</li> <li>- Feeding behavior management</li> <li>- Nursing bottle mouth</li> </ul> </li> <li>o ACCIDENT PREVENTION <ul style="list-style-type: none"> <li>- Car seat</li> <li>- Safety gates/barriers</li> <li>- Access to wastebaskets</li> <li>- Hard, sharp-edged furniture</li> <li>- Baby walker</li> <li>- Crib mattress adjustment for standing</li> </ul> </li> <li>o TEETHING/TOOTH CARE</li> </ul>
9-11 MONTHS			
<ul style="list-style-type: none"> <li>o INCREASED AUTONOMY</li> <li>o PREDICTABLE RESPONSES</li> <li>o CLINGING/CRYING ON SEPARATION</li> <li>o DEVELOPMENT <ul style="list-style-type: none"> <li>- Sits alone</li> <li>- Stands with support</li> <li>- Crawls</li> <li>- Rotary chewing (grinding)</li> <li>- Feeds self (e.g., crackers)</li> <li>- Says "dada", "mama" (non-specific)</li> <li>- Plays peek-a-boo</li> </ul> </li> </ul>	<p>(9 MONTHS)</p> <ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/FLUORIDE ASSESSMENT</li> </ul>	<p>(9 MONTHS)</p> <ul style="list-style-type: none"> <li>o EP/LEAD (6-12 months)</li> <li>o HGB/HCT (6-12 months)</li> <li>o TB TINE TEST (6-12 months)</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION <ul style="list-style-type: none"> <li>- Increased use of cup</li> <li>- Tablefoods <ul style="list-style-type: none"> <li>• no salt or fats</li> <li>• textures</li> </ul> </li> <li>- Self-feeding</li> <li>- Frozen foods</li> <li>- Decrease in appetite</li> </ul> </li> <li>o ACCIDENT PREVENTION <ul style="list-style-type: none"> <li>- Car seat</li> <li>- Aspiration</li> <li>- Open windows</li> <li>- Table cloths</li> <li>- Electric cords</li> <li>- Poison control</li> </ul> </li> <li>o SLEEP - NIGHT CRYING</li> <li>o TEETHING, TOOTH CARE</li> <li>o DISCUSS SYRUP OF IPECAC</li> </ul>

GROWTH AND DEVELOPMENT	EXAMINATION	IMMUNIZATIONS/PROCEDURES	NUTRITION AND HEALTH GUIDANCE
12 MONTHS			
<ul style="list-style-type: none"> <li>o SETTING LIMITS</li> <li>o INCREASING SELF-CONTROL</li> <li>o INFANT INITIATES INTERACTIONS</li> <li>o CUDDLES/PLAYS</li> <li>o EXHIBITS WIDE RANGE OF FEELINGS</li> <li>o DEVELOPMENT               <ul style="list-style-type: none"> <li>- Cruises</li> <li>- Walks with support</li> <li>- Precise pincer grasp; points</li> <li>- 1-3 meaningful words</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o WEIGHT, LENGTH, HEAD CIRCUMFERENCE</li> <li>o PHYSICAL</li> <li>o DENTAL/FLOURIDE ASSESSMENT</li> </ul>	<ul style="list-style-type: none"> <li>o EP/LEAD (6-12 months)</li> <li>o HGB/HCT (6-12 months)</li> <li>o TB TINE TEST (6-12 months)</li> <li>o SICKLE CELL (if indicated)</li> </ul>	<ul style="list-style-type: none"> <li>o NUTRITION               <ul style="list-style-type: none"> <li>- Weaning</li> <li>- Tablefoods</li> <li>- Cup/spoon</li> <li>- Nursing bottle mouth</li> <li>- Supplements</li> </ul> </li> <li>o ACCIDENT PREVENTION               <ul style="list-style-type: none"> <li>- Car seat</li> <li>- Poison control</li> <li>- Aspiration</li> </ul> </li> <li>o SHOES FOR WARMTH AND PROTECTION</li> <li>o DEFER TOILET TRAINING</li> </ul>

PARTICIPANT EVALUATION OF NUTRITION EDUCATION

ACTIVELY SOLICIT YOUR PARTICIPANTS' VIEWS ON THE NUTRITION EDUCATION  
YOUR PROGRAM PROVIDES.

At least once a year, distribute a participant nutrition education questionnaire to allow participants to comment on the nutrition education they have received from you. (A sample Nutrition Education Survey is included in your Originals Packet.) Choose a participant sample that reflects the various ethnic groups within your program.

Participant surveys provide you with information on the needs and interests of your participants. Use this information to develop your Nutrition Education Action Plan goals and to plan and implement nutrition education activities that best serve your participants.

Participant nutrition education surveys are reviewed by the state agency as part of your local program's site visit review.





BREASTFEEDING SUPPORT

GIVE ALL PRENATAL WOMEN AN UNEQUIVOCAL ENDORSEMENT OF BREASTFEEDING AS THE IDEAL METHOD OF INFANT FEEDING.

SUPPORT ALL WOMEN IN THEIR FEEDING CHOICE.

Massachusetts WIC defines breastfeeding as "the practice of feeding a mother's breastmilk to her infant(s) on the average of at least once a day."

Ensure that participants receive complete and accurate information regarding breastfeeding by:

1. Providing breastfeeding support contacts for both prenatal and postpartum women.
2. Integrating your breastfeeding promotion and support efforts with those of the woman's other health care providers.
3. Distributing accurate, unbiased and culturally appropriate breastfeeding educational materials.
4. Issuing supplemental infant formula only after assessment, counseling and education has been provided to the mother, responsive to her needs and concerns. Prescribe the smallest amount of formula which meets the infant's assessed needs, to minimize the possibility of replacing breastmilk with formula.
5. Ensuring that the relationship between your WIC program and the infant formula industry is in the best interest of breastfeeding and abides by the WHO code.

See the BREASTFEEDING PROMOTION AND SUPPORT sections of this Procedure Manual for a complete description of the Massachusetts WIC Program's policies regarding breastfeeding promotion.



AIDS/ARC/HIV INFECTION

WHEN SERVING PARTICIPANTS WITH AIDS, ARC OR HIV INFECTION:

- PROTECT THEIR CONFIDENTIALITY
- CERTIFY THEM PROMPTLY
- COUNSEL THEM APPROPRIATELY

FOLLOW THE "UNIVERSAL PRECAUTIONS" TO PROTECT YOUR STAFF FROM HIV INFECTION.

CERTIFICATION

- On the Medical Referral Form, AIDS/ARC/HIV infection is listed along with other examples of "frequent episodes of infectious disease"; the person completing the form is not asked to specify the problem further. A check under this category on the MRF is sufficient documentation for certification.
- You may ask questions about the reason for certification, but may NOT record any such information anywhere in the participant's record.

NOTE: Legal confidentiality applies only to the results of HIV tests, not to any diagnosis of AIDS or ARC, so that an AIDS/ARC diagnosis provided on a MRF should go into the participant's record as usual. A participant may also volunteer information on AIDS/ARC/HIV infection, in which case it should not be recorded in the participant's record, but be handled separately as described below.

CONFIDENTIALITY OF AIDS INFORMATION

There are two options you may explore regarding confidentiality of AIDS information:

1. In order to ensure thorough counseling of these participants, you may elect to keep a confidential file of persons known to have AIDS, ARC or HIV infection. If so, lock the file and give only the Senior Nutritionist access to it (the Senior Nutritionist being the senior staff member responsible for participant counseling); s/he may then share this information as needed to counsel participants. Choose this option only if this information can be kept confidential. Have the Senior Nutritionist designate someone to act in her/his absence.

2. You may wish instead to keep no written records at all of AIDS/ARC/HIV information, but have the Senior Nutritionist endeavor to stay aware of this information and make sure that participants are counseled accordingly. This option has the drawback of depending on memory but avoids the risk that written information might not stay confidential.

Programs need to weigh the need for confidentiality against the need for appropriate counseling. The option you choose will depend on the judgment of your senior staff based on their evaluation of your program's needs and circumstances. State WIC staff will be happy to consult with you on these issues, and to seek additional legal advice if necessary.

Implimentation of this an AIDS policy on confidentiality will be monitored as a regular component of site visit protocol.

## REFERRALS

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INFORM ALL APPLICANTS AND PARTICIPANTS ABOUT OTHER HEALTH AND SOCIAL SERVICE PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE OR FOR WHICH A NEED IS IDENTIFIED, INCLUDING BUT NOT LIMITED TO FOOD STAMPS, MASSHEALTH, HEALTHY START, AND AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN).

You are responsible for informing WIC applicants and participants about other health and social service programs available to them.

Any member of your staff who has contact with applicants or participants must have access to information for providing appropriate referrals.

Keep a current listing of federal, state, and local resources that might be helpful for applicants or participants. Update your listings regularly, with information such as:

- name of program or service
- address and phone number
- services available
- eligibility requirements
- office hours
- key contact person

### DEVELOPING A REFERRAL NETWORK

An effective referral network is dependent upon three factors:

1. Your ability to determine the need to refer a person to another program or service;
2. Having materials available to provide applicants or participants with accurate information about the various resources available;
3. Designing a means of following up referrals that you have made.

Assess the need or the urgency of an applicant's or participant's situation and the ability of the person you are referring to follow through with the referral. In some cases you will need to help the person with the referral (making the initial contact, setting up the appointment, explaining the services, etc.).



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Be particularly sensitive to the person's needs when making referrals. Be aware of language barriers and the special needs of the physically challenged, people with emotional problems and people who are reluctant about using social services.

#### REFERRING PEOPLE TO FOOD STAMPS, MASSHEALTH, HEALTHY START, AND AFDC

Refer all applicants and participants to these programs, if they are not currently enrolled. Do not make any assumptions about whether someone might be eligible or not. Have information about these programs available, including the addresses and telephone numbers of the nearest offices. Find someone to use as a regular contact person at each office to facilitate referrals.

#### REFERRING PEOPLE TO MCH/MIC PROGRAMS

Refer all prenatal women to these programs during their first prenatal visit, if they are not already enrolled. Do not make assumptions about whether someone might be eligible or not. This referral information may have an impact at a later date even if a participant does not take immediate action.

#### DOCUMENTING REFERRALS

Document all referrals you make on the "REFERRALS" section of the Certification Form and on the appropriate computer screen. Any staff member may make and document any referral, but the following procedures are recommended to ensure consistent documentation in the computer:

1. Have program staff document income-related referrals (to Food Stamps, AFDC, MassHealth, Healthy Start, fuel assistance, etc.) on the DEMOGRAPHICS screen.
2. Have nutrition staff document health-related referrals (to EFNEP, pediatricians, dentists, support groups, etc.) on the WOMEN'S or INFANT/CHILD HEALTH DATA screen.
3. Record all other referrals on the computer using the code for "Other".

# REFERRAL SOURCE LIST

Use this referral source list as a guide to develop a referral list for your own community.

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## LOCAL

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Department of Manpower Training	Child support enforcement
Children's protection services	MassHealth
Children's Aid and family services	Food Stamps
Early Intervention programs	AFDC
Lead Poisoning Prevention Programs	General Relief
School Health Education coordinators	Employment office
Healthy Start	Housing Authority
Visiting Nurse Association	Food pantries
Mental health services	Legal services
Al-Anon (families of alcoholics)	Catholic Charities
Family Planning organizations	Office for Children
Battered Women's shelter(s)	Head Start
Food coop(s)	Alcoholics Anonymous
Cooperative Extension Service	Narcotics Anonymous
Council on Aging	Overeaters Anonymous
Displaced Homemakers	Health department
Samaritans (suicide prevention)	Hospitals
Rape Crisis center	School nurses
Project Good Health	EFNEP

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STATEWIDE

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AIDS Hotline	1-800-235-2331 (English)	1-800-637-3776 (Spanish)
Alcohol Abuse Hotline		1-800-ALCOHOL
Auto Safety (recalls)		1-800-424-9393
Burn Registry		1-800-682-9229
Cancer Information Hotline		1-800-4-CANCER
Car Seats		1-800-CAR-SAFE
Child Abuse & Neglect Hotline		1-800-792-5200
Child Passenger Safety Resource Center		1-800-CAR-SAFE
Child Support Enforcement		1-800-332-2733
Cocaine 24-Hour Hotline		1-800-COCAINE
DDS (Disability Determination)		1-800-462-5015
DES Hotline		1-800-4-CANCER
Elder Abuse Hotline		1-800-922-2275
Federation for Children with Special Needs		1-800-331-0688
Food Stamp Hotline		1-800-645-8333
Fuel Assistance Heatline		1-800-632-8175
Handicapped Children Services		1-800-882-1435
Health Care Quality: (information)		1-800-462-5531
(complaints)		1-800-462-5540
Healthy Start		1-800-531-MOMS
Info Center for Individuals w/ Disabilities (ICID)		1-800-462-5015
Lead Paint Hotline		1-800-532-9571
MA Commission for the Deaf and Hard of Hearing		1-800-882-1155 or 439-2370

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MA Dental Society (referrals)	1-800-342-8747
MA Office on Disabilities	1-800-322-2020
MSPCC (prevention of cruelty to children)	1-800-442-3035
National Runaway Switchboard	1-800-621-4000
Nutrition Hotline	1-800-322-7203
Parental Stress Hotline	1-800-632-8188
Parents Anonymous (parent support groups)	1-800-882-1250
Poison Information Hotline	1-800-682-9211
Pregnancy Environmental Hotline	1-800-322-5014
Product Safety	1-800-563-7703
Smokers Quit Line	1-800-4-CANCER
Statewide Childhood Injury Prevention (SCIIPP)	1-800-227-7233
Substance Abuse Hotline	1-800-327-5050
VD Hotline	1-800-227-8922
Welfare Hotline	1-800-841-2900





PARTICIPANT ID FOLDERS

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ISSUE AN ID FOLDER TO EACH PARTICIPANT/GUARDIAN AT THE TIME OF CERTIFICATION.

ASK TO SEE THE PARTICIPANT ID FOLDER AT EACH CHECK PICK-UP.

At the time of certification, issue an ID folder to each participant or her/his parent/guardian. This folder contains the:

1. Local program name and address
2. Participant's appointment schedule
3. Group ID number and names and ID numbers of all group members
4. Signature of parent/guardian
5. (if proxy is designated) Signature of proxy
6. (if proxy authorization form is received by local program) Staff initials and date form was received.
7. List of authorized WIC foods
8. "How to Use WIC Checks" in English and Spanish.

\*\* ID folders ensure that only authorized individuals receive checks.

\*\* Possession of an ID folder alone does not entitle a participant to checks. Participant must be currently active in order to receive benefits.

\*\* The folder remains valid as long as the holder is a certified participant in WIC or until either of the signators changes.

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AT CHECK PICK-UP

1. Have participant or authorized representative present ID folder.
2. If a proxy is picking up checks, follow procedures outlined in the PROXIES section of this Procedure Manual.
3. If you need to replace a lost or stolen ID folder, ask to see some form of identification before issuing a new folder.

EXPLAINING WIC PROCEDURES TO NEW PARTICIPANTS

MAKE SURE ALL WIC PARTICIPANTS UNDERSTAND THE WIC PROGRAM AND HOW IT WORKS.

EXPLAIN TO ALL NEW PARTICIPANTS:

1. PARTICIPANT RIGHTS AND RESPONSIBILITIES
2. CERTIFICATION PERIODS
3. HOW TO USE WIC VOUCHERS
4. PROXIES
5. THE RIGHT TO A FAIR HEARING

Take time to carefully explain to new participants the purpose of the WIC Program and how it operates. This greatly reduces confusion and complications later on, and helps protect against the possibility of participants abusing the program.

Use the "Welcome to WIC" filmstrip to explain WIC procedures during group certifications. This filmstrip explains how WIC works and discusses certification procedures, voucher redemption procedures, proxies, and fair hearings.

See the following sections for detailed explanations of what to tell new participants.



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PARTICIPANT RIGHTS AND RESPONSIBILITIES

REVIEW "MY RIGHTS AND RESPONSIBILITIES AS A WIC PARTICIPANT" WITH THE PARTICIPANT OR PARENT/GUARDIAN AT EACH CERTIFICATION APPOINTMENT.

HAVE THE PARTICIPANT READ THE RIGHTS AND RESPONSIBILITIES AFFIDAVIT IN THE APPROPRIATE LANGUAGE ON THE ELIGIBILITY FORM.

HAVE THE PARTICIPANT SIGN AND DATE THE AFFIDAVIT.

Review the Rights and Responsibilities with the participant or parent/guardian at every certification and answer any questions s/he might have. If s/he cannot read, read the Rights and Responsibilities to the participant in her/his primary language.

Have the participant or parent/guardian read, sign and date the affidavit of Rights and Responsibilities on the Eligibility Form.

Give each new participant a copy of "My Rights and Responsibilities as a WIC Participant" to take home, if possible.





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LENGTH OF CERTIFICATION PERIOD

AT EACH WIC CERTIFICATION, EXPLAIN TO THE PARTICIPANT HOW LONG HER/HIS CERTIFICATION PERIOD WILL BE.

Make sure every WIC participant understands that s/he is on the WIC Program for a limited time period, and that when her/his certification period expires, s/he must schedule a repeat certification if s/he is interested in continuing on the WIC Program.

CERTIFICATION PERIODS

Women, pregnant:	For the duration of the pregnancy and up until six weeks postpartum
Women, breastfeeding:	For six months and up until one year postpartum, aslong as she continues to breastfeed
Women, postpartum non-nursing:	Up until six months postpartum
Infants:	Until 1 year old, if enrolled at five months of age or less  For six months, if enrolled at 6 months of age or more
Children:	For six months, until s/he turns five



## HOW TO USE WIC CHECKS

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EXPLAIN THE CHECK REDEMPTION SYSTEM.

EXPLAIN FREQUENCY OF CHECK ISSUANCE.

REVIEW THE WIC FOODS SPECIFIED ON BOTH THE FRONT OF THE CHECKS AND THE BACK OF THE ID FOLDER, DESCRIBE THE PARTICIPANT'S OPTIONS IN CHOOSING A VARIETY OF FOODS.

GIVE EACH PARTICIPANT A LIST OF YOUR AUTHORIZED WIC VENDORS.

EXPLAIN THAT THE PARTICIPANT

- MAY USE A CHECK ONLY ONCE (e.g., NO "RAIN CHECKS")
- DOESN'T HAVE TO BUY ALL THE FOODS ON THE CHECK
- DOESN'T HAVE TO USE ALL THE CHECKS AT ONCE.

## HOW THE CHECKS WORK

Say to each new WIC participant:

1. "If you are unable to pick up checks in person, you can send a proxy. The proxy must sign the vouchers at WIC and at the store.
2. Sign each check when you pick them up at the WIC office.
3. Each check has a "not good before" date printed in the upper right-hand corner. You can use the check starting on that date, and must use it before the "not good after" date.
4. If you receive more than one month's worth of checks, make sure you use the first month's checks first, then the second month's, etc.
5. Use checks only at the stores on your Authorized Vendor list.
6. Do not countersign your checks before you get to the store. The store will not accept checks already countersigned.
7. Buy ONLY the foods listed on the checks, in the quantities specified. These foods are chosen for their specific nutritional value, so substituting other foods is not allowed.

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8. You do not have to buy everything on the check if you don't want to.
9. You do not have to show identification when using your WIC checks.
10. The store must have WIC foods in stock, and the foods must be fresh.
11. At the cashier, separate your WIC foods from your non-WIC foods, and sort the WIC foods by check. The cashier will add up the foods listed on each check and must write the actual price of the foods on the check.
12. SIGN THE CHECK AFTER THE CASHIER WRITES THE CORRECT PRICE IN INK. Make sure the price is correct.
13. If the WIC vendor discriminates against you in any way, notify us immediately.
14. Tell us about any problem you have with WIC vendors."



## PROXIES

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PARTICIPANTS AND AUTHORIZED PARENTS/GUARDIANS MAY DESIGNATE A PROXY TO PICK UP CHECKS IN SITUATIONS WHEN THEY ARE UNABLE TO.

TO AUTHORIZE A PROXY, HAVE THE PROXY AND THE PARTICIPANT OR AUTHORIZED PARENT/GUARDIAN SIGN AND DATE A PROXY AUTHORIZATION FORM.

THE PROXY MUST PRESENT THE PARTICIPANT ID FOLDER WHEN PICKING UP CHECKS.

IT IS RECOMMENDED THAT YOU ONLY ISSUE ONE MONTH'S WORTH OF CHECKS TO A PROXY.

### DESIGNATING PROXIES

During the initial certification appointment, ask the participant/parent if s/he wishes to designate a proxy (spouse, grandparent, neighbor, etc.) to pick up checks. If s/he does,

1. Give her/him a proxy authorization form and explain how to fill it out.
2. Inform her/him that the proxy must sign the ID folder and present it whenever s/he picks up checks.

If both both parents attend the certification appointment, have both of them read and sign the affidavit of Rights and Responsibilities and the ID folder on the "authorized signature" line. Both are then authorized to pick up checks.

### AT CHECK PICK-UP

#### If the Proxy Brings the Completed Proxy Authorization Form

1. Have the proxy sign the participant ID folder on the 'proxy signature' line, and verify receipt of the form by adding your initials and the date.
2. Verify that the proxy knows how to use checks.
3. File the proxy authorization form in the participant's record.

#### If the Form Was Completed Previously

1. Compare the proxy signature on the checks and/or Signature Log with the signature on the ID folder.
2. Remind the proxy that s/he must redeem the checks at the store.

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#### AT REPEAT CERTIFICATION

Review the proxy designation with the participant. If the proxy assignment has changed, update both the ID folder and the proxy authorization form.

#### OCCASIONAL OR ONE-TIME PROXIES

If a participant has not designated a proxy but wishes to send an occasional or one-time proxy, s/he must send a dated, signed note of authorization and the ID folder with the proxy. When the proxy arrives to pick up the checks:

1. Compare the participant's signature on the note with their signature on the ID folder
2. Have the proxy sign the note, and file it in the participant record
3. Explain to the proxy how to use the checks.

NOTE: It is recommended that you issue only one month of checks to a proxy.

THE RIGHT TO A FAIR HEARING

NOTIFY ALL PARTICIPANTS THAT THEY HAVE THE RIGHT TO CONTEST ANY WIC DECISION WHICH DENIES THEM PARTICIPATION IN THE WIC PROGRAM.

TO CONTEST A DECISION, A PARTICIPANT MAY REQUEST A FAIR HEARING.

KEEP FAIR HEARING PAMPHLETS AND REQUEST FORMS VISIBLE AND READILY AVAILABLE TO WIC PARTICIPANTS.

APPLYING FOR A FAIR HEARING

Applicants or participants may request a fair hearing verbally or in writing, from the local WIC program or from the state WIC office.

If an applicant or participant thinks s/he may want to apply for a fair hearing, give her/him a copy of the explanatory pamphlet, "WHAT IS A WIC FAIR HEARING?"

If the applicant or participant wishes to request a fair hearing, s/he may either:

- complete a "REQUEST FOR A FAIR HEARING" form and mail it to the state WIC office within 90 days after s/he was notified of the decision s/he wishes to appeal. (Offer to help her/him complete this form.)

OR

- request a fair hearing directly from the state WIC office at 1-800-WIC-1007.

See the FAIR HEARINGS section of this Procedure Manual for information on the format of the hearing, notification deadlines, and continuation of benefits pending the hearing.

### SCHEDULING FAIR HEARINGS

As soon as the state WIC office staff receive a request for a fair hearing, they notify the Department of Public Health (DPH). DPH schedules the hearing within three weeks of their receipt of a request, in a location convenient to the person requesting the hearing.

DPH notifies the person requesting the hearing, in writing, at least 10 days before the date for which the hearing is scheduled.

Prior to the hearing date, the hearing may be rescheduled by the applicant or participant, the local WIC program, or the hearing officer, but only with advance notice to all parties involved.

Any time before the date of the fair hearing, the person requesting the hearing may withdraw by asking, in writing, that the hearing be cancelled.

### THE FAIR HEARING PROCEDURE

The Commissioner of Public Health appoints an impartial officer to conduct the hearing. This means the hearing officer is not involved in the decision that is under appeal.

WIC fair hearings are informal. The applicant or participant can bring legal counsel or anyone else to represent her/him (but the Department of Public Health will not cover this expense).

At the hearing, the participant and the local WIC program each have the opportunity to present their cases and any supporting documentation or information.

### FAIR HEARING DECISIONS

Within 45 days of the initial receipt of the request for a hearing, the hearing officer mails her/his decision to both parties.

The signed decision of the hearing officer is final. If the hearing officer decides in favor of the applicant or participant, you must fully implement the decision within seven days after receiving the decision.

If the participant is dissatisfied with the final decision of the hearing officer, s/he has the right to a judicial review by filing a complaint with the Superior Court in the county where s/he resides or works or in Suffolk County within thirty days after the effective date of the hearing decision.

The state WIC office keeps a written record of all hearings.

CONTINUATION OF WIC PARTICIPATION PENDING A FAIR HEARING

Termination During A Certification Period

If you suspend or terminate participants from the WIC program during a certification period and you receive their fair hearing requests within 15 days of the notification, they are entitled to continue to receive WIC vouchers and nutrition care pending the hearing decision.

Denial of Initial Application

If a person is appealing the denial of an initial WIC application, s/he is not eligible to receive WIC vouchers and nutrition care pending the results of the hearing.

No Longer Eligible at Repeat Certification

A person found no longer eligible for WIC benefits at a repeat certification is not eligible to receive WIC vouchers and nutrition care pending the hearing decision.

DENIAL OR DISMISSAL OF A FAIR HEARING REQUEST

A fair hearing may be denied if:

1. A participant's food benefits have been reduced or changed as a result of a modification in the food package prescribed by a CPA
2. A participant's food benefits are revised or reduced by the state agency (e.g., higher-priced items are disallowed as a cost-saving measure)
3. A participant is disqualified mid-certification due to fiscal necessity (e.g., unforeseen budget cuts, severe inflation rates).

A fair hearing request may be dismissed if the applicant or participant fails to report for the hearing without prior notification.





MAILING CHECKS

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MAIL CHECKS ONLY WHEN A HARDSHIP SITUATION PREVENTS THE PARTICIPANT OR PROXY FROM PICKING UP THE CHECKS IN PERSON AND ALTERNATE METHODS OF DISTRIBUTION CANNOT BE USED.

THOROUGHLY DOCUMENT THE MAILING OF CHECKS IN THE PARTICIPANT RECORD AND SIGNATURE LOG.

MAILING CHECKS

Mail checks to participants ONLY when the following hardship situations prevent them or their proxies from picking up the checks in person during regular or extended office hours:

- physical handicaps
- transportation problems
- illness or temporary incapacitation
- inclement weather
- other hardship.

You may mail as many sets of checks as you think appropriate, but mailing three sets is not recommended.

You must have authorization from the local WIC program director before you mail checks to an individual. For group mailings, you must have approval from the State WIC Director.

Follow these procedures to ensure that checks are secure and are handled correctly by the participant:

1. Write "DO NOT FORWARD IF NOT AT THIS ADDRESS" on the envelope.
2. Include the "MAILED VOUCHERS LETTER" with the vouchers. This letter must be signed by the participant/proxy and returned to you. It is included in your Originals Packet.
3. Enclose a stamped envelope addressed to your WIC program.
4. Do not mail more checks until you receive the signed letter.

Certified mail is not normally recommended but you may use it at your discretion on a case-by-case basis.

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#### DOCUMENTING MAILED CHECKS

Document the mailed checks on the Signature Log and in the participant record as follows:

##### On the Signature Log

- \* On the signature line, write "CHECKS MAILED".

##### In the participant record

- \* Note that the checks were mailed. Include the date, the reason, and your initials.
- \* When you receive the "MAILED CHECKS LETTER" back with the participant/proxy signature, file it in the participant record.

Record the number of participants receiving mailed checks on the monthly service delivery report.

#### NUTRITION EDUCATION

In most cases the mailing of checks should not continue past three months. If circumstances require that it should (as in the case of a handicapped participant), determine a method of providing nutrition education and document the contact in the participant record.

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REPEAT CERTIFICATIONS

EACH TIME YOU PRINT CHECKS FOR A PARTICIPANT, LOOK AT THE SCHEDULED TERM DATE ON THE "PRINT CHECKS" SCREEN TO SEE WHEN THE CERTIFICATION PERIOD EXPIRES.

- IF THE CERTIFICATION PERIOD WILL EXPIRE WHEN THE CHECKS BEING PRINTED EXPIRE, HAND THE PARTICIPANT A LETTER STATING THAT THE CERTIFICATION PERIOD WILL EXPIRE SOON. THIS LETTER MUST BE GIVEN AT LEAST 15 DAYS BEFORE THE CERTIFICATION PERIOD EXPIRES.
- IF THE PARTICIPANT WANTS TO CONTINUE RECEIVING WIC BENEFITS, SCHEDULE A REPEAT CERTIFICATION APPOINTMENT WITHIN THE 14-DAY PERIOD BEFORE THE PARTICIPANT'S SCHEDULED TERM DATE.

TO BE RECERTIFIED FOR WIC, A PARTICIPANT MUST MEET THE SAME ELIGIBILITY REQUIREMENTS AS FOR INITIAL CERTIFICATION: CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK.

A repeat certification is functionally like an initial certification -- it is an opportunity for you to determine whether a person is eligible to participate in the WIC Program.

At least 15 days before the end of a participant's certification period, send the participant the "END OF CERTIFICATION PERIOD LETTER" to notify her/him that the certification period is almost over and that s/he must be certified again in order to continue on the WIC Program. See the END OF CERTIFICATION PERIOD section of this Procedure Manual for more information.

If you require Medical Referral Forms at recertifications, give or mail the appropriate Medical Referral Form to the participant with the "END OF CERTIFICATION PERIOD LETTER".





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### SCHEDULING REPEAT CERTIFICATIONS

WHENEVER POSSIBLE, SCHEDULE THE REPEAT CERTIFICATION APPOINTMENT  
WITHIN THE 14-DAY PERIOD BEFORE THE SCHEDULED TERM DATE.

SET UP AN APPOINTMENT SYSTEM FOR REPEAT CERTIFICATIONS THAT BEST MEETS  
YOUR STAFFING PATTERN AND CAPABILITIES

Always try to schedule the repeat certification appointment during the 14-day period before the Scheduled Term Date in order to avoid interruption of WIC benefits if the participant is still eligible to continue on WIC. This is particularly important if there are other family members on WIC and the group's cycles and pick-up days have been coordinated, since participants recertified after the Scheduled Term Date have their pickup date automatically changed to the new certification date.

Have the participant help select an appointment time that is convenient for her/him.

There are several types of repeat certification appointments:

- o Group sessions, with participants selected by risk factor or WIC status (for example: WIC infants, overweight children).
- o Group nutrition education sessions supplemented by individual counseling sessions (for example: breastfeeding for new mothers, feeding finicky eaters).
- o Individual counseling and recertification sessions.



THE REPEAT CERTIFICATION APPOINTMENT

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AT THE REPEAT CERTIFICATION APPOINTMENT:

1. DETERMINE THAT THE PARTICIPANT IS STILL CATEGORICALLY ELIGIBLE
2. VERIFY AND DOCUMENT THE PARTICIPANT'S GEOGRAPHIC AND INCOME ELIGIBILITY
3. COMPLETE A NUTRITION ASSESSMENT FOR THE PARTICIPANT AND DETERMINE WHETHER THE S/HE IS AT NUTRITIONAL RISK AND IN A PRIORITY SERVED BY YOUR PROGRAM.

\*\* IF THE PARTICIPANT IS ELIGIBLE AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Certify her/him for the duration of another certification period.  
Verify and document her/his address, telephone number, household income and nutritional risk.
2. Review the Rights and Responsibilities with the participant, and have her/him sign the affidavit on the Eligibility Form.
3. Issue the participant checks.
4. Schedule a subsequent nutrition education and check pick-up appointment.

\*\* IF THE PARTICIPANT IS NO LONGER ELIGIBLE OR IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Explain the reason to the participant very clearly.
2. Give her/him a "NO LONGER ELIGIBLE LETTER" stating the reason for her/his ineligibility.  
  
See the INELIGIBILITY AT REPEAT CERTIFICATION section of this Procedure Manual.
3. Advise her/him of the right to appeal the decision by requesting a fair hearing.
4. Explain that s/he may reapply.

5. If s/he is in a priority you do not currently serve, ask if s/he would like to be put on your waiting list. If so, give her/him a "WAITING LIST NOTIFICATION LETTER" and file her/his completed Medical Referral Form with your waiting list or keep a record of her/his name, address, phone number, date of birth, category (P, B, N, I, F or C), and priority with your waiting list.

See the following sections of this Procedure Manual: WAITING LIST STATUS and APPLICATIONS WITH A WAITING LIST.

6. Follow appropriate termination procedures. Document in the chart that you distributed the "END OF CERTIFICATION PERIOD LETTER" and the "NO LONGER ELIGIBLE LETTER", and, if appropriate, the "WAITING LIST NOTIFICATION LETTER".

See the TERMINATIONS section of this Procedure Manual.

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MISSED APPOINTMENTS

DEVELOP AND USE A STANDARD PROCEDURE FOR FOLLOWING UP ON MISSED APPOINTMENTS.

See the following sections for guidance on missed certification/recertification and nutrition education appointments.





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MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

DEVELOP A POLICY FOR YOUR PROGRAM REGARDING MISSED CERTIFICATION AND RECERTIFICATION APPOINTMENTS, AND FOLLOW STANDARD PROCEDURE FOR NOTIFICATION OF TERMINATION.

MAKE SPECIAL EFFORTS TO HELP HIGH-RISK WOMEN AND INFANTS RESCHEDULE AND KEEP THEIR CERTIFICATION AND RECERTIFICATION APPOINTMENTS.

NO-SHOW POLICY

Develop a policy for your program regarding no-shows. Some options are:

- o After the first missed appointment, mail a letter stating that the participant has \_\_\_ days or until (date) in which to reschedule or to keep an appointment. The actual number of appointments scheduled for the participant is of no consequence, as long as the participant has rescheduled or is seen by the deadline.
- o Limit participants to either one, two or three missed appointments. After the limit is reached, file the records of those applying for an initial certification, and terminate those participants who were not recertified after the end of their certification period.
- o After the first missed appointment, automatically mail out a letter with a new appointment date.

REDUCING NO-SHOWS

Some ways to reduce no-shows are:

- Let the applicant or participant choose a convenient appointment time.
- Call or mail reminder cards to high-risk individuals before their appointments.
- Prominently indicate the "due for recertification" month on the participant's ID/check folder.

NOTIFICATION OF TERMINATION

The "END OF CERTIFICATION PERIOD LETTER" serves as notification of termination for participants who do not keep a repeat certification appointment. Document distribution of this letter in the participant's record.

Regardless of your program's missed appointment policy, follow the standard termination procedures as outlined in the TERMINATION PROCEDURES section of this Procedure Manual.



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#### MISSED NUTRITION EDUCATION AND CHECK PICK-UP

IF PARTICIPANTS DO NOT ATTEND NUTRITION EDUCATION AND PICK UP THEIR CHECKS ONE MONTH, NOTIFY THEM IN WRITING THAT THEY WILL BE TERMINATED IF THEY DO NOT PICK UP THEIR CHECKS FOR TWO CONSECUTIVE MONTHS.

NOTIFY PARTICIPANTS OF POSSIBLE TERMINATION AT LEAST 15 DAYS BEFORE THE SECOND SET OF MISSED CHECKS EXPIRES.

PARTICIPANTS WHO DO NOT PICK UP THEIR CHECKS FOR TWO CONSECUTIVE MONTHS ARE AUTOMATICALLY TERMINED BY THE COMPUTER DURING END-OF-DAY PROCESSING.

#### RESCHEDULING MISSED APPOINTMENTS

Use the same procedure for rescheduling a missed nutrition education appointment as the one used to schedule the initial appointment. See the SCHEDULING NUTRITION EDUCATION APPOINTMENTS section in this Procedure Manual.

Reschedule missed nutrition ed/check pick-up appointments as close to the check Base Date as possible.

#### TERMINATION DUE TO MISSED NUTRITION ED AND CHECK PICK-UP

Mail the "MISSED CHECK PICK-UP LETTER" after the first set of checks is not picked up as a reminder/warning and a notification of termination. Use the date the second set of checks expires as the possible termination date. No additional letter need be sent if the second set of checks is not picked up.

See the TERMINATION DURING THE CERTIFICATION PERIOD section of this Procedure Manual.





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SERVICES TO SPECIAL NEEDS POPULATIONS

IDENTIFY AND PROVIDE SERVICES TO THE SPECIAL NEEDS POPULATIONS IN YOUR CATCHMENT AREA.

IDENTIFYING HIGH-RISK POPULATIONS

You are responsible for effectively assessing who your high risk populations are, where they are located in your catchment area, and how they can be targeted through WIC referral/outreach efforts.

Use the following data to determine high risk groups in your catchment area:

- 1990 Census data
- Local demographic statistics (e.g. City Hall, local health centers or hospitals)
- School Board statistics
- Department of Public Health statistics

See the following sections for more information on:

- o Native Americans and Migrants
- o Homeless Persons
- o Non-English Speaking Persons
- o Racial/Ethnic Minorities
- o Persons with Substance Abuse Problems
- o Handicapped Persons
- o Incarcerated Women About to Be Released



NATIVE AMERICANS AND MIGRANTS

MAKE A SPECIAL EFFORT TO SERVE NATIVE AMERICANS AND MIGRANTS IN YOUR CATCHMENT AREA.

NOTIFY MEMBERS OF MIGRANT FARMWORKER HOUSEHOLDS OF THEIR ELIGIBILITY OR INELIGIBILITY WITHIN 10 DAYS OF THE DATE OF THEIR FIRST INQUIRY.

Maintain contact with the organizations in your communities that provide services to migrant agricultural workers and to Native Americans.

Use organizations such as the Indian Council and farmworkers' unions as sources of referrals for your program.

Make sure that these organizations have information about the WIC Program and understand the eligibility requirements.

Enroll eligible members of migrant farmworker households within 10 days of their application to WIC if the household may leave your catchment area soon. Provide these participants with a completed Verification of Certification form immediately to prevent disruption of benefits when they move on, perhaps without opportunity to notify you.

A migrant participant's income eligibility is valid for 12 months. When recertifying a migrant participant, check her/his VOC card for the date her/his income eligibility was last determined.



## HOMELESS PERSONS

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MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO HOMELESS WOMEN, INFANTS AND CHILDREN WHO MEET WIC ELIGIBILITY CRITERIA.

PROVIDE NUTRITIONAL COUNSELING THAT IS APPROPRIATE TO THE PARTICIPANT'S NEEDS AND CIRCUMSTANCES.

Homeless families and individuals include anyone who lacks a fixed and regular night-time residence or who lives in a residence on a temporary basis. This includes people living in publicly or privately operated congregate shelters, hotels or motels or shelters for victims of domestic violence; people living in halfway houses or transitional housing; people living temporarily in the home of family or friends; and people living in a public or private place not designed for sleeping accommodations, such as a vehicle, park, hallway, doorstep, sidewalk, or abandoned building. Consider these persons as high-risk for WIC services.

Homeless women and children may have compromised health and nutrition status as well as high levels of anxiety and stress. Display special sensitivity when gathering application and certification information.

### CERTIFICATION PROCEDURES

Make every effort to certify the homeless applicant immediately. Modify the certification procedure as follows:

1. If the applicant does not have a permanent address, use the address of a frequently-used shelter, a relative or friend, or the WIC program. A mailing address is required for processing and check issuance.
2. If the applicant has income but no written verification, check "self-declaration" on the Eligibility Form.
3. If health care is not accessible to the applicant, do blood tests and anthropometric measurements in the WIC office. Have your nutritionist collect information on health status, using the Medical Referral Form as a guide, and document the information in the SOAP note. Refer the applicant to your agency's health care provider or to a local health care provider if s/he is covered by health insurance.



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4. Use the Nutrition Assessment form to identify the participant's nutritional needs. Provide nutritional counseling appropriate to her needs and circumstances.
5. Determine if the applicant has special needs regarding food purchasing, storage and preparation. If she has no storage facilities:
  - a) Issue the appropriate "homeless" food package. See the HOMELESS PACKAGES section of this Procedure Manual for more information on homeless packages.
  - b) Discuss spreading out redemption of checks over the 4-week period.
  - c) Provide guidance on selecting foods that require no refrigeration, are easy to prepare in single-serving sizes with limited food preparation equipment, and are low in cost.
  - d) Offer food storage and sanitation information when applicable.

#### REFERRALS

Refer homeless applicants and participants to all appropriate health and human service agencies within your area, such as:

- |   |   |
|---|---|
| * local shelters                                | Use your current listing of shelters meeting State certification requirements for homeless facilities. Refer participants to other shelters as necessary. |
| * local Welfare/AFDC client assistance services | 617-292-8900 Boston<br>1-800-841-2900 statewide   |
| * Food Stamps Hotline (Project Bread)           | 1-800-645-8333  |
| * Mass Law Reform (legal services)              | 617-742-7250  |
| * food pantries/meal programs                   | Call Project Bread Hunger Hotline (617-523-0710) for listing  |

Make referral calls on behalf of the homeless applicant to food and shelter resources, and offer supermarket gift certificates if appropriate and available.

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#### STATE-CERTIFIED SHELTERS

The Massachusetts WIC Program certifies shelters for use by WIC participants. State-certified shelters meet the following conditions:

1. The facility does not receive any financial or in-kind benefit from a person's participation in the WIC Program.
2. Foods provided by the WIC Program for a participant residing in this facility are available exclusively for the person to whom they were issued.
3. The facility does not restrict a WIC participant's ability to partake of the education and food benefits of the WIC Program.

The listing of state-certified shelters is updated regularly and sent directly to you.

#### OUTREACH

Contact and distribute outreach materials to local agencies offering services to homeless families and individuals.



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RACIAL/ETHNIC MINORITIES

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO RACIAL/ETHNIC MINORITIES WHO MEET WIC ELIGIBILITY CRITERIA.

FEDERAL REGULATIONS REQUIRE THAT YOU DESIGNATE, FOR REPORTING PURPOSES, THE RACIAL BACKGROUND OF EACH PARTICIPANT.

Maintain contact with health providers and social service agencies who provide services to racial and ethnic minorities. Make sure they have information about the WIC program and understand the eligibility requirements.

Also maintain contact with agencies and organizations that assist refugees and immigrants in the resettlement process. These organizations include:

- o International Institutes
- o Mutual Assistance Associations (MAA)
- o Massachusetts Office of Refugees and Immigrants
- o churches serving these populations.

DETERMINING ETHNIC BACKGROUND

Determine ethnic background by asking the participant to classify herself, or you may make a determination based on surname, language or appearance. If you are unable to determine exact ethnicity, use one of the categories for "Other". Codes used in Massachusetts are as follows:

- |                     |                                       |
|---------------------|---------------------------------------|
| A. Puerto Rican     | M. Haitian                            |
| B. Dominican        | N. West Indian                        |
| C. Central American | O. Black American                     |
| D. Other Hispanic   | P. Black, Other                       |
| E. Brazilian        | Q. American Indian/<br>Alaskan Native |
| F. Cape Verdean     | R. Russian                            |
| G. Other Portuguese | S. Other East European                |
| H. Chinese          | T. Other White                        |
| I. Cambodian        |                                       |
| J. Lao/Hmong        |                                       |
| K. Vietnamese       |                                       |
| L. Other Asian      |                                       |

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## REPORTING RACIAL BACKGROUND

Federal regulations require that we designate, for reporting purposes, the racial background of each participant as one of the following:

American Indian or Alaskan Native A person having origins in any of the original peoples of North America, including Aleuts and Eskimos.

Asian or Pacific Islander A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

Black (not of Hispanic origin) A person having origins in the black racial groups of Africa.

Hispanic A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (not of Hispanic origin) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

To do this, the WIC mainframe computer assigns each ethnic code to one of the racial groups as follows:

AMERICAN INDIAN/ ALASKAN NATIVE	Q. American Indian/ Alaskan Native	
ASIAN/PACIFIC ISLANDER	H. Chinese I. Cambodian J. Lao/Hmong	K. Vietnamese L. Other Asian
BLACK, NOT HISPANIC	F. Cape Verdean M. Haitian N. West Indian	O. Black American P. Other Black
HISPANIC	A. Puerto Rican B. Dominican	C. Central American D. Other Hispanic
WHITE, NOT HISPANIC	E. Brazilian G. Other Portuguese R. Russian	S. Other East European T. Other White



NON-ENGLISH SPEAKING PERSONS

ADAPT YOUR PROGRAM'S PROCEDURES TO ENABLE YOU TO PROVIDE WIC SERVICES TO APPLICANTS AND PARTICIPANTS WHO DO NOT SPEAK ENGLISH.

IDEALLY, INTERPRETERS SHOULD BE BICULTURAL AS WELL AS BILINGUAL.

YOU CANNOT REQUIRE PARTICIPANTS TO BRING THEIR OWN INTERPRETERS.

Civil rights regulations prohibit discrimination in any program activity based on national origin. Therefore, participants cannot be required to bring a translator to the WIC program.

If the population in your catchment area is multilingual, your staff should be multilingual as well.

If you cannot find staff who speak the language(s) of your participants, use interpreters. There are many ways you can provide your participants with translators:

- o Use the interpreters that are available in your host agency.
- o Use interpreters from other community service agencies.
- o Use bilingual students from local schools to help you translate.
- o Schedule appointments in such a way that bilingual participants can help non-English speaking applicants and participants.
- o If all else fails, ask the participants to bring an English-speaking relative or friend (not their child) with them to translate.

The state WIC office has a wide variety of nutrition education and WIC materials in the following languages: Spanish, Portuguese, French, Chinese, Vietnamese, Cambodian, and Laotian. If you develop your own materials, translate them into the languages you need.



PERSONS WITH SUBSTANCE ABUSE PROBLEMS

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PROVIDE PARTICIPANTS WITH INFORMATION ABOUT THE DANGERS OF DRUG AND ALCOHOL ABUSE USING A VARIETY OF EDUCATIONAL ACTIVITIES.

SCREEN ALL PARTICIPANTS TO IDENTIFY WOMEN AT RISK FOR SUBSTANCE ABUSE AND INFANTS EXPOSED TO DRUGS PERINATALLY.

PROVIDE PARTICIPANTS WITH APPROPRIATE AND PROMPT INFORMATION AND REFERRALS.

PROTECT THE CONFIDENTIALITY OF THESE PARTICIPANTS.

Federal regulation mandates that WIC provide substance abuse information to all participants, and referrals to participants who may be abusing drugs or alcohol. Local WIC programs are particularly appropriate referral sources for providers of drug abuse services, since large numbers of people at risk for drug abuse have already established a non-threatening relationship with WIC staff. The federal guidelines state that WIC's role should be to:

- o Raise awareness of the dangers of drug abuse by disseminating information to all adult participants and the parents or caretakers of infants and children
- o Conduct screening of participants only to the extent necessary to determine whether there is possible alcohol and/or other drug abuse
- o Facilitate access to professional assessment and treatment, as appropriate, by providing referrals to available community programs.
- o Provide appropriate nutrition counseling, tailored food package, and health care referrals.

WIC staff are not required to assess the extent of an individual's drug abuse problem, provide substance abuse counseling, or attempt to treat chemically dependent women. These services should be provided by trained drug and alcohol professionals.

## GENERAL EDUCATION/PREVENTION

Provide WIC clients with basic education regarding the facts and dangers of alcohol and illicit, as well as licit, drugs. Provide drug abuse prevention activities in a non-threatening manner, and tailor your information to the types of drug abuse problems typically found in your community. Present material in language participants can understand, and offer information in a positive and non-judgemental manner. Discuss how drug abuse relates to conditions in participants' own lives (e.g., pregnancy, child-rearing, etc.)

General substance abuse education may be conducted in groups, but individual contacts should be provided for participants with identified or suspected drug/alcohol abuse problems, as well as for parents/guardians of infants exposed to drugs perinatally.

## SCREENING/COUNSELING

One-to-one communication is the most effective way to deal with the sensitive subject of drug use. Ask questions privately, in a non-threatening manner, and be supportive of the individual.

At all prenatal certifications, screen for alcohol and drug use:

- Review the MRF for information on drug use
- During the nutrition assessment, ask what drug(s) are used, the purpose, amount and frequency. Ask about over-the-counter drugs first, then prescription drugs, then illegal drugs.
- During the dietary intake, incorporate questions about alcohol intake with other food intake questions. Ask about soda first, then tea or coffee, then alcoholic drinks. If the client seems reluctant to discuss quantities, a suggestion of large quantities may elicit an honest answer. Ask about the kind(s) of alcohol consumed, the amount and frequency.

At certification of infants known to have been exposed to drugs perinatally:

- Incorporate questions about maternal usage and frequency during the pregnancy.

At all other infant certifications, screen for perinatal exposure to drugs:

- Review the MRF for information on drug use by the mother
- During the nutrition assessment, ask what drugs were used during pregnancy, their amounts and frequency. Ask about over-the-counter drugs first, then prescription drugs, then illegal drugs.
- During the dietary intake, ask about alcohol intake, as explained above.

Provide counseling and education by using printed or audiovisual materials whenever possible. Select positive, sensitive messages and illustrations, and use characters, situations and settings that are meaningful to participants.

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## CONFIDENTIALITY

Federal regulation requires that information regarding actual or suspected alcohol or drug abuse be kept confidential. This information can be shared with outside sources only if the participant has signed a release form. For more information on confidentiality regarding drug use, see the CONFIDENTIALITY section of this Procedure Manual.

## REFERRALS

Identify all programs, clinics, and treatment centers in your area that serve substance abuse clients and/or infants exposed to drugs perinatally. Develop a referral list of these services and have it available for nutrition staff. When a participant is identified as high-risk for alcohol/drug abuse or perinatal exposure, provide a prompt referral to the appropriate service agency. Establish linkages with these clinics or treatment facilities by meeting the staff, learning about the services provided, and developing strong referral networks.

## STAFF TRAINING

Provide your staff with appropriate training regarding the provision of drug abuse information and referrals. Do this by: 1) allowing staff to attend WIC state trainings and inservices regularly, 2) allowing staff to attend other trainings or seminars given by other community or private agencies, 3) obtaining educational materials from substance abuse clinics or programs in your area, and 4) asking substance abuse programs in your area about possibly doing a presentation for your program staff.

## MONITORING

Implementation of this policy is monitored as part of the site visit review process.

For more information, see the USDA publication, "A Study of Appropriate Methods of Drug Abuse Education in the WIC Program".





## HANDICAPPED PERSONS

A HANDICAPPED PERSON IS SOMEONE WITH A PHYSICAL OR MENTAL IMPAIRMENT WHICH SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES, HAS A RECORD OF SUCH AN IMPAIRMENT, OR IS REGARDED AS HAVING SUCH AN IMPAIRMENT.

MAKE EVERY EFFORT TO ENSURE THAT HANDICAPPED PERSONS HAVE EQUAL ACCESS TO WIC SERVICES, AND ELIMINATE BARRIERS TO PARTICIPATION BY HANDICAPPED PERSONS, WHEREVER POSSIBLE.

DO NOT DENY WIC BENEFITS TO ELIGIBLE HANDICAPPED PERSONS BECAUSE YOUR FACILITIES ARE INACCESSIBLE.

## NOTIFICATION

The word "handicap" is included in the "Civil Rights Statement" used on all WIC outreach and informational materials. This notifies all referents and applicants/participants that WIC does not discriminate on the basis of handicap. However, this provision also refers to hiring, so job vacancy announcements should include the civil rights statement as well.

## PROGRAM ACCESSIBILITY

Make WIC services and facilities readily accessible to, and useable by, handicapped persons. There are many ways to do this: use of home visits, mail-in applications and phone interviews, delivery of services at alternate accessible sites, alteration of existing facilities to conform to handicap access requirements, and referrals to an accessible site. You don't need to make structural changes in existing facilities where other methods are effective in achieving compliance with this requirement, but rather, should use methods that offer services to handicapped persons in the most integrated setting appropriate to obtain the full benefits of the program. At least one of your sites must be handicap accessible.

## TRANSLATION SERVICES

The state agency can reimburse you for translation services. If the translator is from a state agency (e.g., a sign language interpreter from the Massachusetts Commission for the Deaf), this can be done fairly easily. For all others, the reimbursement process may take up to 6 weeks.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. This section also outlines the various methods used to collect and analyze data, ensuring that the information is reliable and up-to-date.

2. The second part of the document focuses on the implementation of the proposed changes. It details the steps involved in the transition process, from the initial planning phase to the final execution. This section also addresses the potential challenges and risks associated with the changes, providing strategies to mitigate them.

3. The third part of the document discusses the impact of the changes on the organization's overall performance. It highlights the positive outcomes achieved, such as improved efficiency and cost savings. This section also identifies areas for further improvement and provides recommendations for future actions.

4. The fourth part of the document provides a summary of the key findings and conclusions. It reiterates the importance of the changes and the need for continued monitoring and evaluation. This section also includes a list of references and a glossary of terms.

PARTICIPANT VIOLATIONS OF THE WIC PROGRAM

YOU MAY DISQUALIFY A WIC PARTICIPANT IF YOU PROVE THAT S/HE IS IN VIOLATION OF WIC PROGRAM RULES AND REGULATIONS.

There are three categories of abuse under which a participant may be disqualified from the WIC Program. They are:

1. Administrative Abuse    This includes:
  - o knowingly and deliberately misrepresenting medical or income data in order to obtain WIC benefits
2. Voucher System Abuse    This includes:
  - o participating in more than one WIC Program or WIC program site simultaneously ("dual participation")
  - o selling supplemental foods or food vouchers, or exchanging foods or food vouchers, with other individuals or vendors
  - o receiving cash or credit from WIC vendors toward purchase of unauthorized food or other items in exchange for supplemental food or food vouchers
  - o stealing WIC vouchers
  - o alleging that WIC vouchers were stolen or lost in order to receive two sets of vouchers.
3. Verbal/Physical Abuse    This includes:
  - o verbally or physically threatening local WIC program staff or WIC vendors.





DOCUMENTING ABUSE

DOCUMENT ANY INFORMATION PROVING THAT A WIC PARTICIPANT IS IN VIOLATION OF THE WIC PROGRAM BEFORE YOU TAKE ANY ACTION AGAINST HER/HIM.

KEEP CONFIDENTIAL THE NAMES OF PERSONS SUBMITTING COMPLAINTS OF PARTICIPANT ABUSE.

COMPLAINTS BY WIC STAFF

Document the complaint in writing and file it in the participant's record.

OTHER COMPLAINTS

If someone other than a member of your staff submits a complaint against a WIC participant, explain to her/him that you cannot take any action against the participant unless the person bringing the complaint is willing to provide a written statement explaining the violation/complaint.

Include in the statement the name of the WIC participant who is in alleged violation of the program, the grounds for complaint(s), the place where the violation took place (if applicable), the date when the incident(s) occurred, and the full signature of the person submitting the complaint.



IMPOSING PENALTIES

BEFORE IMPOSING ANY PENALTY, NOTIFY THE PARTICIPANT OF THE CLAIM(S) MADE AGAINST HER/HIM, THE POSSIBLE PENALTY, AND THE RIGHT TO A FAIR HEARING.

NOTIFYING THE PARTICIPANT OF THE COMPLAINT

Before you impose any penalty (including a written warning), notify the participant of the alleged claim(s) made against her/him, the possible penalty, and her/his right to a fair hearing if s/he is disqualified.

NOTE: You may inform a participant of an accusation made against her/him even if a written statement has not been provided, and base any further inquiry on the participant's response.

DETERMINING THE PENALTY

The program director decides what penalty, if any, should be imposed upon a participant based on the severity of the violation and the hardship that such penalty would create for the participant or the participant's children. Some options are:

- o issuing a warning notice to the participant to cease the abusive activity
- o requiring the participant to reimburse the state WIC office for the amount of food received in violation of WIC regulations
- o requiring a written apology to WIC staff or vendors who were verbally or physically abused
- o disqualifying the participant for a specific time period, not to exceed three months
- o imposing other sanctions as defined by the state WIC office.

NOTIFYING PARTICIPANTS OF PENALTIES

If you decide to sanction a participant for program abuse:

1. Send a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law", and inform the participant of her/his right to a fair hearing.
2. File a copy of the letter in the participant's record.
3. Send a copy to the state WIC office.

See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

PART V: PROGRAM ADMINISTRATION  
SECTION A: STANDARD FORMS AND FORM LETTERS

is currently obsolete and has been removed.

It will be revised for the FY 94 Procedure Manual.





RECORDKEEPING

KEEP MOST OF YOUR PROGRAM'S RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

Keep records readily available for 3 1/2 years from the end of the fiscal year to which the records pertain. After that, you may store them off-site.

Destroy files according to the following timetable:

<u>Files that pertain to:</u>	<u>You may destroy on or after:</u>
FY 82 (10/81 - 9/82)	September 30, 1989
FY 83 (10/82 - 9/83)	September 30, 1990
FY 84 (10/83 - 9/84)	September 30, 1991
FY 85 (10/84 - 9/85)	September 30, 1992
FY 86 (10/85 - 6/86)	June 30, 1993
FY 87 (7/86 - 6/87)	June 30, 1994
FY 88 (7/87 - 6/88)	June 30, 1995
FY 89 (7/88 - 6/89)	June 30, 1996
FY 90 (7/89 - 6/90)	June 30, 1997
FY 91 (7/90 - 6/91)	June 30, 1998
FY 92 (7/91 - 6/92)	June 30, 1999
FY 93 (7/92 - 6/93)	June 30, 2000

You may have to keep these files longer if the state WIC office or the USDA Food and Nutrition Service requests in writing that you do so.

See the following sections for detailed instructions on participant, food delivery, fiscal and administrative recordkeeping.



PARTICIPANT RECORDS

KEEP MOST PARTICIPANT RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

MAINTAIN SEPARATE FILING SECTIONS FOR EACH OF THE FOLLOWING CATEGORIES OF PARTICIPANTS:

1. ACTIVE PARTICIPANTS
2. TERMINATED PARTICIPANTS
4. APPLICANTS WHO DID NOT KEEP INITIAL CERTIFICATION APPOINTMENT
3. APPLICANTS NOT ELIGIBLE AT INITIAL CERTIFICATION
5. WAITING LIST.

ALL INFORMATION IN WIC PARTICIPANT RECORDS IS CONFIDENTIAL.

KEEP FOR SEVEN YEARS:

1. Participant applications (MRF or other) from applicants who:
  - never kept their initial certification appointment
  - were found to be ineligible prior to a certification appointment
  - were found ineligible at the initial certification appointment.
  - were on your waiting list but never received a certification appointment.
2. Complete record for each participant. Record should include for each certification:
  - Medical Referral Form
  - Eligibility Form
  - Certification Form
  - Assessment Form or Questionnaire
  - Any other forms used for certification (growth chart, etc.)
3. Other participant forms, if applicable; keep with participant record:
  - Copy of completed Interagency Transfer Form
  - Fair Hearing requests, correspondence and decisions.
4. Computer logs:
  - Missed Check Pickup
  - End of Certification / Categorical Ineligibility
5. Group Scheduling/Attendance Sheets (for masterfile system)

DO NOT KEEP:

1. Blank applications returned to you by the post office for wrong address, addressee unknown, etc.

Dispose of them upon receipt unless you are able to obtain the correct mailing information.

2. Applications you are unable to follow up on due to incomplete or missing addresses.

Keep them until the medical information provided can no longer be used to determine the person's eligibility.

3. Applications with incomplete or outdated medical information.

Return them to the applicant for completion unless you are able to obtain the needed information yourself.



FOOD DELIVERY RECORDS

KEEP FOOD DELIVERY RECORDS ACCORDING TO REQUIRED TIMELINES.

NEW SYSTEM CHECK RECORDS (keep as indicated):

- |                                 |                |
|---------------------------------|----------------|
| 1. Signature Logs               | seven years    |
| 2. Check Logs                   | seven years    |
| 3. Proration Override Reports   | seven years    |
| 4. BOD and EOD Control Totals   | 2 months       |
| 5. Check stubs                  | 2 weeks        |
| 6. Potential Dual Certification | until resolved |

OLD SYSTEM VOUCHER RECORDS (keep for seven years):

1. Voucher transmittal records
2. Voucher registers
3. Signed input form copies
4. Manual voucher inventory log
5. Void logs
6. Participant reports (fiche or hard copy)
7. Monthly inventory of manual vouchers



## FISCAL RECORDS

KEEP CONTRACTS, MONTHLY EXPENDITURE REPORTS AND EXPENDITURE DOCUMENTATION FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FOLLOW ALL ACCOUNTING AND REPORTING POLICIES AS DIRECTED BY THE WIC FISCAL UNIT AND THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACTS UNIT.

## CONTRACTS

The complete contract between the state and local agencies consists of:

- Master Agreement
- Attachment A: Statement of Work and Objectives
- Attachment B: Statement of Fiscal Conditions (RSC Budget 600-B)
- Attachment C: Statement of Reports and Applicable Statutes
- Attachment D: Contract Authorization and Financial Disclosure
- EOHS General Conditions

Contract forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year.

## MONTHLY EXPENDITURE REPORTS

Monthly Expenditure Report forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year. In addition, clean copies of these forms are included in the Original Packet so you can make copies as needed.

### Documenting Nutrition Education Expenses

Federal regulations require that at least one-sixth of your administrative expenditures be for nutrition education. Use the "Nutrition Education Expenses" form for this purpose.

### Documenting Service Delivery

Use the WIC "Service Delivery Report" for this purpose.

## PROPERTY MANAGEMENT

You and the state agency are responsible for maintaining complete and accurate accounts of all property purchased by WIC and used by your program. Several forms are provided to you for this purpose.

### Receipt of Equipment Notice

Use the "Receipt of Equipment Notice" to notify the state agency that you have received equipment.

- o Fill out the form completely, describing the item, indicating who signed for it, and noting which site it will be used at.
- o Attach the packing or delivery slip to the "Receipt of Equipment Notice" and return both to the person indicated on the bottom of the slip.

### Property Management Report

Once a year, the state agency sends you a Property Management report. This report includes a separate section for each site operated by your program. It should list every piece of equipment belonging to your program at the time the report is issued.

When you receive the report, go to each site and carefully check to make sure that every item on the list is still in your possession. Fill in any blank spaces, especially the items marked with an asterisk below:

#### Description of Equipment

##### I.D. Number

##### Acquisition date (FY)

##### Acquisition cost

Property funding source (%) This line indicates who paid for the item:

- WIC      The item was purchased for your local program.
- SA        The item was purchased for the state agency.
- WIC-SA   The item was purchased by the state agency for the local program.

- \* Location Indicate where the item is currently located in your program: director's office, nutritionist's office (if more than one, number them), waiting room, agency administrative office, etc. Use abbreviations as necessary. If the item is lost or stolen, leave the line blank and check "NO" under availability.
- \* Availability Check whether you actually have the item in your program. If it is in storage, check "NO".
- \* Condition of Equipment Write a brief description of the condition.
- \* Description Use this space for any other identifying remarks about the item: color, size (2-drawer, 42", single-pedestal, etc.), brand (IBM Selectric, etc.), or type (beam-balance, etc.)

When you return your amended form to the state office, it will be corrected and returned to you. Keep it on file until the next one is issued.

See next page for a sample Property Management report.



## SAMPLE COMPLETED PROPERTY MANAGEMENT REPORT

## MASSACHUSETTS WIC PROGRAM

PROGRAM NAME Newville WIC, Newville site, p. 1

Description of Equipment	I.D. Number	Acquisition date (FY)	Acquisition cost	Property funding source(s)	Location	Availability		Condition of Equipment	Description
						YES	NO		
1 desk	015-1 WIC	1979	144.37	WIC	Dir office	x		Good	Double-pedestal
2 desk chairs	015-2 WIC	1979 1983	115.34 80.45	WIC WIC-SA	Dir office Nutr ofc 3	x x		Good Good	w/out arms Tan/brown, w/out arms
5 side chairs	015-16 WIC 015-17 WIC 015-18 WIC 015-19 WIC 015-20 WIC	1984 1984 1984 1984 1984	SA SA SA SA SA	SA SA SA SA SA	Wait room Wait room Wait room Wait room Wait room	x x x x x		Good Good Good Good Good	w/ arms, orange upholstered w/out arms; orange upholstered w/out arms; orange upholstered w/out arms; orange upholstered w/out arms; orange upholstered
5 file cabinets	015-3 WIC	1979 1981 1981 1983 1984	156.40 187.45 121.61 107.50 167.85	WIC WIC WIC WIC-SA WIC-SA	Dir office Dir office Dir office Nutr ofc 1 Nutr ofc 2	x x x x x		Poor Good Good Good Good	4-drawer 4-drawer 2-drawer 2-drawer; putty 4-drawer; tan
2 bookcases	015-5 WIC	1979 1984	94.24 66.15	WIC WIC-SA	Dir office Nutr ofc 1	x x		Good Good	42" putty
1 work table	015-12 WIC	1984	136.72	WIC-SA	Library	x		Good	36 x 24, tan/teak
1 infant scale	015-11 WIC	1982	172.00	WIC-SA	Nutr ofc 1	x		Good	ADCO beam balance
3 child boards	015-7 WIC 015-8 WIC 015-9 WIC	1982 1982 1982	33.00 33.00 33.00	WIC-SA WIC-SA WIC-SA	Nutr ofc 1 Nutr ofc 2 Nutr ofc 3	x x x		Good Good Broken	
1 infant board	015-10 WIC	1982	33.00	WIC-SA	Nutr ofc 1	x		Good	
1 fiche viewer	015-13 WIC	1978	125.00	WIC-SA	Dir office	x		No glass	Quantor 304
1 typewriter	015-6 WIC	1979	600.00	WIC	Prog asst	x		Sticks	IBM Selectric
1 slide-tape projector	015-4 WIC	1980	359.95	WIC	travels	x		Good	Telex Caramate 3200
2 fans	015-14 WIC 015-15 WIC	1981 1981	34.95 34.95	WIC WIC	Wait room Prog asst	x x		Good Good	Sears 1100 Sears 1100

Signature

Ass Silva

Title

Program Director

Date

11/17/87

ADMINISTRATIVE RECORDS

KEEP A RECORD OF YOUR PROGRAM'S WAITING LIST STATUS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

KEEP THE CURRENT YEAR'S NUTRITION EDUCATION ACTION PLAN, HIGH RISK OUTREACH PLAN, STATE PLAN, WIC MEMOS, AND EMPLOYMENT RECORDS.

KEEP FOR SEVEN YEARS:

1. Records of your program's Waiting List at any given time. Keep Waiting List Confirmation Letters in this file.

KEEP FOR THE CURRENT YEAR:

1. Your program's Nutrition Education Action Plan.
2. Your program's High Risk Outreach Plan.
3. State WIC memos from this year and the prior fiscal year.

Keep in order by WIC memo number. You may also xerox copies to keep in a subject file (nutrition, fiscal, etc.)

4. State Plan.

Update as directed by the state office.

See THE STATE PLAN section in this Procedure Manual.

5. Employee records.

Keep them according to your agency's policy.



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CASELOAD MANAGEMENT

MAKE EVERY EFFORT TO REACH AND MAINTAIN YOUR ASSIGNED CASELOAD BY REGULATING THE NUMBER OF PARTICIPANTS YOU ACTIVELY SERVE.

"ACTIVE CASELOAD" IS THE NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE TO RECEIVE NUTRITION EDUCATION AND CHECKS AT ANY POINT IN TIME.

THE ACTIVE CASELOAD AT A SITE FOR A SPECIFIC DATE APPEARS ON THAT SITE'S 'END OF DAY - CONTROL TOTALS' REPORT AS "CERTIFIED (A)".

DEVELOP A WAITING LIST PLAN IF YOUR ACTIVE CASELOAD REACHES AND EXCEEDS YOUR ASSIGNED CASELOAD.





## DEVELOPING A WAITING LIST PLAN

A WAITING LIST IS A LIST OF APPLICANTS AND PARTICIPANTS WHO CANNOT BE ASSESSED/CERTIFIED BECAUSE YOUR PROGRAM HAS REACHED OR EXCEEDED ITS ASSIGNED CASELOAD.

A WAITING LIST PLAN DESIGNATES THE PRIORITIES YOUR PROGRAM CAN SERVE WITHOUT EXCEEDING ITS ASSIGNED CASELOAD. APPLICANTS AND PARTICIPANTS IN PRIORITIES NOT INCLUDED IN THE WAITING LIST PLAN ARE PUT ON A WAITING LIST.

IMPLEMENT YOUR WAITING LIST WHEN:

1. YOU HAVE CALLED THE STATE WIC OFFICE TO DISCUSS STARTING A WAITING LIST, AND
2. THE STATE WIC OFFICE HAS APPROVED YOUR WAITING LIST PLAN IN WRITING.

REVIEW AND EVALUATE YOUR WAITING LIST PLAN REGULARLY.

KEEP A RECORD OF YOUR WAITING LIST PLAN.

Your waiting list plan designates the priorities or subpriorities you plan to serve. Applicants and participants in priorities you cannot serve are put on the waiting list.

When you determine which priorities you can serve, you must serve both new applicants as well as participants due for recertification in those priorities. If, for example, you developed a waiting list plan to serve priorities 1 - 4, you would have to be able to accept all eligible applicants in these priorities as well as retain participants in these priorities at repeat certification. New applicants and participants due for recertification in priorities 5 and 6 could apply for the program but would remain on the waiting list either until their applications expired or until you formally changed your waiting list plan.

\*\* If the number of caseload slots available in a given month is approximately the same as the number of new applicants and participants to be recertified during the month, use a waiting list plan in which whole priorities or subpriorities are served.

\*\* If the number of caseload slots available is less than the number of new applicants and participants to be recertified, use the "revolving door" waiting list plan (see next page).

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## "REVOLVING DOOR" WAITING LIST

Sometimes you may be able to serve only a percentage of applicants and participants eligible for a specific priority. This occurs when serving all eligible applicants and participants in a particular priority would put you significantly over your assigned caseload, but putting all these people on the waiting list would put you significantly below caseload.

If you can take only a percentage of applicants for initial and repeat certifications within the lowest priority accepted, terminate current participants within this priority at the end of their certification period in order to allow applicants and previously terminated participants on the waiting list an opportunity to be certified. Newly terminated participants may reapply and be put on the waiting list and may be given certification appointments after all applicants/participants ahead of them on the waiting list have received appointments. This is referred to as the "revolving door" process.

Although this results in interrupted service for the terminated participants, it ensures that all applicants, whether applying for an initial or repeat certification, have been processed equitably within a given priority.

EXAMPLE In April, Program XYZ found they were over caseload and instituted a waiting list plan to serve priorities 1-4.

In June, Elsie Cromley was due to be recertified as a priority 5 but was placed on the waiting list.

In July, Matthew Singletary was screened as a new applicant, found to be a priority 5, and placed on the waiting list.

In August, Jose Mendez was placed on the waiting list at his recertification, since he too was assessed as a priority 5.

On September 1, Program XYZ's participation had been managed down to reflect their assigned caseload. To avoid a further drop in participation, they began adding from the waiting list. Since Program XYZ was operating under the revolving door process, they continued to place new and recertified priority 5 applicants at the bottom of the waiting list, and began to certify priority 5 applicants and participants from the top of the waiting list.

In September, Jason Nyugen was assessed as a priority 5 at his recertification appointment and placed on the waiting list. But Elsie, Matthew and Jose, who were placed on the waiting list in June, July and August, respectively, were contacted individually as caseload permitted, and given appointments to come to the office to be certified.

Call the state office for technical assistance with this process.

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#### DETERMINING PRIORITIES TO BE SERVED

To determine the appropriate waiting list plan for your program, take into account the following:

1. The number of persons actively participating on the program in each priority
2. The number of new applicants you expect to receive from each priority
3. The number of persons you expect to take off your program each month due to termination and categorical ineligibility.
4. The number of persons you would terminate at repeat certifications if you implemented a waiting list plan for a certain priority (divide the total number in that priority by 6 to estimate how many would be recertified monthly and could therefore be terminated and placed on a waiting list)
5. The number of applicants you can certify within one month
6. The number of participants who usually fail to keep initial or recert appointments (base this rate or percentage on your program's average).

#### MONITORING YOUR WAITING LIST PLAN

1. Follow your waiting list plan consistently for six months.
2. Look at your active caseload each month to determine how close you are to your assigned caseload.
3. If you find that your waiting list plan is not effective in managing your caseload, call the state WIC office to discuss the possibility of changing it.

#### KEEPING A RECORD OF YOUR WAITING LIST PLAN

Wait until you receive verbal as well as written confirmation from the state office before you:

1. initiate a waiting list
2. alter your waiting list.

Keep waiting list confirmation letters on file for seven years from the end of the fiscal year to which they pertain.



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### MANAGING A WAITING LIST

TELL ANYONE WHO INQUIRES ABOUT APPLYING FOR WIC THAT YOU HAVE A WAITING LIST, BUT THAT S/HE HAS THE RIGHT TO APPLY FOR WIC WHETHER OR NOT S/HE IS IN A PRIORITY YOU CURRENTLY SERVE.

SCHEDULE CERTIFICATION APPOINTMENTS FOR APPLICANTS IN ORDER FROM HIGHEST TO LOWEST PRIORITY. PUT APPLICANTS WHO ARE IN PRIORITIES YOU DO NOT SERVE, OR ONLY PARTIALLY SERVE, ON A WAITING LIST.

ESTABLISH A CONSISTENT SYSTEM FOR MANAGING YOUR WAITING LIST.

### ADMINISTERING YOUR WAITING LIST

1. File applications for waitlisted people by priority.
2. Within each priority, file the forms by expiration date:

Pregnant women:	the expected delivery date
Breastfeeding women:	6 months after placement on waiting list or 1 year from delivery date (whichever comes first)
Postpartum, non-nursing women:	6 months from delivery date
Infants and children:	6 months after placement on waiting list or when child turns five years old (whichever comes first)
3. On a regular basis, remove expired applications from the waiting list file.



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PROCESSING NEW APPLICANTS WHEN YOU HAVE A WAITING LIST

1. Tell people who wish to apply for the WIC Program that you have a waiting list.
  2. Screen the person's income. If income eligible, send/give the appropriate medical referral form(s).
  3. When you receive the completed medical referral form, note the date of receipt, review the form, and assign a priority to the applicant.
  4. If the medical referral form is complete and up to date and a nutritional risk factor is not obvious, assign all applicants to the lowest priority for their category (Priority 4 or 5).
- \*\* If the applicant is in a priority you DO currently accept, give her/him an initial certification appointment which is within 20 days of application or receipt of the completed medical referral form (within 10 days if a Priority I prenatal woman)
- \*\* If the applicant is in a priority you DO NOT currently accept, put her/him on your waiting list.
- a. Send or give the 'Not Eligible/No Longer Eligible/Waiting List' letter. Check off "Low nutritional risk, placed on waiting list". This letter:
    - explains that your program is only serving participants at higher nutritional risk and that s/he should notify you of any health changes that might change the WIC priority.
    - notifies her/him that the waiting list application is only good for 6 months and that s/he can reapply at the end of that period.

If you believe that an applicant will be able to get onto the program within one or two months, please advise her/him of this.
  - b. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.
  - c. If the intake has been completed on the computer, change the participant's status to "W". See page 51 in the MIS Appendix for procedures.
  - d. File the medical referral form in your waiting list file until it expires (see page 3 of this section.)

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## PROCESSING RECERTIFICATIONS WHEN YOU HAVE A WAITING LIST

1. TELL PARTICIPANTS WHO ARE DUE FOR RECERTIFICATION THAT THEY MAY BE PLACED ON THE WAITING LIST AT THE END OF THEIR CERTIFICATION PERIOD. You may conduct preliminary assessments of these participants (height, weight, blood values and medical/nutrition risks) to determine if their current nutritional status indicates the potential to be placed at a higher risk and thus be recertified; participants may choose not to attend a recertification appointment if it appears they will be placed on the waiting list at that time.
2. AT THE RECERTIFICATION APPOINTMENT, CONSIDER USING "PREVENT REGRESSION", IF APPLICABLE, for individuals whose previous risk criteria was higher than their current risk which would indicate waiting list status; for example, a child previously certified for low hematocrit (priority 3) who now has an inadequate dietary pattern (priority 5). These individuals are at a higher risk than someone who was previously a priority V, or a new applicant who is assessed as a Priority V. Using prevent regression enables the higher risk participants to stay on the program for another six months and prevent their regression to the previous higher risk.

\*\* If the participant is in a priority you DO currently accept,  
complete the certification and issue checks.

\*\* If the participant is in a priority you do not currently accept,  
put her/him on your waiting list.

- a. Send or give the 'Not Eligible/No Longer Eligible/Waiting List' letter. Check off "Low nutritional risk, placed on waiting list". This letter:

- explains that your program is only serving participants at higher nutritional risk and that s/he should notify you of any health changes that might change the WIC priority.
- notifies her/him that the waiting list application is only good for 6 months and that s/he can reapply at the end of that period.

If you believe that the participant will be able to get onto the program within one or two months, please advise her/him of this.

- b. Change the participant's status to "W" in the computer. See pp. 51 and 52 of the MIS Appendix for procedures.
- c. Complete the "Waiting List" documentation in the participant's record and file in the "Terminated" file.
- d. File the medical referral form in your waiting list file until it expires (see below).

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#### CERTIFYING APPLICANTS/FORMER PARTICIPANTS FROM THE WAITING LIST

Your active waiting list consists of applicants and former participants who have been on the waiting list for less than 6 months.

If you have an approved change in your waiting list plan, you may begin to accept applicants on the waiting list.

1. Give appointments for certification in the order in which applicants were placed on the waiting list.
2. Use standard procedures to certify these applicants; e.g., medical and anthropometric information must be less than 60 days old, and you must have current income information. If you conducted a full assessment and provided counseling at the time the participant was waitlisted, and the information is still less than 60 days old, you may collect current income information, record the risk factor, and print checks without repeating these steps.
3. For everyone certified from the waiting list, the certification date is today's date, and the certification period is the standard one for participant category.

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NUTRITION EDUCATION ACTION PLAN

USE THE NUTRITION EDUCATION ACTION PLAN AS A PLAN OF ACTION TO ENSURE THAT YOUR PROGRAM IS PROVIDING HIGH-QUALITY, APPROPRIATE AND CONSISTENT NUTRITION SERVICES TO ALL PARTICIPANTS.

SUBMIT A NUTRITION EDUCATION ACTION PLAN WITH YOUR PROGRAM'S ANNUAL CONTRACT. A MID-YEAR PROGRESS REPORT AND FINAL REPORT OF ACCOMPLISHMENTS ARE DUE TO THE STATE OFFICE AT SPECIFIED INTERVALS.

Each WIC agency is required to submit a Nutrition Education Action Plan (NEAP) as part of the annual contract process. A NEAP is an important tool for assuring the provision of high-quality, appropriate and consistent nutrition care to all participants.

The Senior Nutritionist is responsible for submitting the NEAP and for responding to the state WIC office regarding revisions and/or progress reports. Progress on the NEAP is one of the criteria used to evaluate your program during the annual contract renewal process.

Guidelines for preparing the NEAP are distributed each spring.





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BREASTFEEDING PROMOTION AND SUPPORT

THE MASSACHUSETTS WIC BREASTFEEDING PROMOTION POLICY ADDRESSES THE FOLLOWING AREAS:

1. PARTICIPANT/NUTRITIONIST CONTACT
2. RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS
3. BREASTFEEDING EDUCATION RESOURCES
4. THE WIC FOOD DELIVERY SYSTEM
5. WIC AND THE INFANT FORMULA INDUSTRY
6. STAFF TRAINING

THE MASSACHUSETTS WIC PROGRAM'S BREASTFEEDING POLICY IS BASED IN PART ON THE WORLD HEALTH ORGANIZATION'S CODE ON BREASTMILK SUBSTITUTES.

Massachusetts WIC is dedicated to promoting optimal nutrition practices among its participants. Since breastfeeding is known to provide the infant with numerous physiological, nutritional and psychological benefits, give all prenatal women an unequivocal endorsement of breastfeeding as the ideal method of feeding for most infants and provide them with complete and accurate information about breastfeeding techniques.

Provide all breastfeeding women with any necessary information and support, while also supporting the decision of women who have initiated bottlefeeding.

Breastfeeding counseling is challenging, informational and valuable for both mother and counselor. To be an effective counselor, communicate in a client-centered manner and be uninhibited and empathetic towards your participants.

Keep up-to-date with new findings in breastfeeding research and practice. See the Guidelines for Breastfeeding Support in Local WIC Programs (revised 1991) for a list of useful breastfeeding resources.

See the following sections for complete policies and background materials for each of the areas listed above.



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PARTICIPANT/NUTRITIONIST CONTACT

ENCOURAGE ALL PRENATAL PARTICIPANTS TO BREASTFEED, UNLESS MEDICALLY CONTRAINDICATED, BY:

1. PROVIDING COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES.
2. PROVIDING AT LEAST ONE BREASTFEEDING CONTACT FOR ALL PRENATAL WOMEN.
3. PROVIDING A FOLLOW-UP BREASTFEEDING CONTACT FOR PRENATALS WHO ARE INTERESTED IN OR UNDECIDED ABOUT BREASTFEEDING.

ENCOURAGE ALL POSTPARTUM PARTICIPANTS TO CONTINUE BREASTFEEDING BY PROVIDING AT LEAST ONE POSTPARTUM BREASTFEEDING SUPPORT CONTACT FOR ALL BREASTFEEDING WOMEN.

PRENATAL CONTACTS

Prenatal counseling for breastfeeding can have a positive effect on a woman's decision to initiate breastfeeding. Studies have found that prenatal women interested in or undecided about breastfeeding who receive a breastfeeding contact show a significant increase in breastfeeding initiation over interested prenatal women who receive no breastfeeding contact. Multiple contacts seem to have an even greater impact on breastfeeding initiation rates than do single contacts. See the Massachusetts WIC Program Breastfeeding Study Report (1992) for more information.

At all breastfeeding contacts, reinforce oral messages about breastfeeding with appropriate pamphlets, booklets, videos, films and posters. See the BREASTFEEDING EDUCATION RESOURCES section of this Procedure Manual for more information.

Specific procedures for scheduling and conducting breastfeeding contacts are detailed in the Massachusetts WIC publication, Guidelines For Breastfeeding Support in Local WIC Programs (revised 1991). In general:

1. Provide the initial breastfeeding contact as part of the certification appointment.
  - a. Screen for intended infant feeding choice. Use a self-completed questionnaire or other data collection tool to identify a woman's infant feeding plans, her knowledge, attitudes and sources of support for breastfeeding. (See sample questionnaire in the Guidelines for Breastfeeding Support in Local WIC Programs).

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#### PRENATAL CONTACTS (continued)

- b. Provide information and education on the benefits of breastfeeding.
- c. Respond to the woman's concerns about breastfeeding.
- d. Schedule a breastfeeding follow-up appointment for all women who are interested in or undecided about breastfeeding. Base the type of follow-up (individual or group) on the woman's specific needs. (See the WIC Nutrition Education Handbook for more information on individual and group education sessions.)
  - If the woman is undecided about breastfeeding, schedule the follow-up contact during her second trimester. Invite her partner and family members to attend.
  - If the woman has decided to breastfeed, schedule the follow-up breastfeeding contact based on her prior breastfeeding experience and needs for ongoing support.
- e. Document contacts as follows:
  - Document initial breastfeeding contact under COUNSELING/EDUCATION PROVIDED in the Plan section of the certification form.
  - Document scheduled follow-up contact under NUTRITION FOLLOW-UP in the Plan section of the of the certification form.

2. At the follow-up appointment, focus discussion on the woman's concerns, on topics found to relate strongly to increased rates breastfeeding initiation, on topics of common concern among women and adolescents, and, if appropriate, on issues of concern among certain ethnic groups. See topic recommendations in the Guidelines for Breastfeeding Support in Local WIC Programs.

- a. Document completed individual contact under NUTRITION FOLLOW-UP in the Plan section of the certification form.
- b. Document completed group contacts using the Group Masterfile System for Nutrition Education.

#### POSTPARTUM CONTACTS

Postpartum breastfeeding support contacts have been shown to help increase breastfeeding duration. See the Massachusetts WIC Program Breastfeeding Study Report (1992) for more information.

At all breastfeeding contacts, reinforce oral messages about breastfeeding with appropriate pamphlets, booklets, videos, films and posters. See the BREASTFEEDING EDUCATION RESOURCES section of this Procedure Manual for more information.



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## POSTPARTUM CONTACTS (continued)

Specific procedures for scheduling and conducting postpartum breastfeeding contacts are detailed in the Massachusetts WIC publication, Guidelines For Breastfeeding Support in Local WIC Programs. In general:

1. Schedule a combined postpartum certification and breastfeeding support appointment as soon as possible after delivery.

- Schedule the appointment at the last check pick-up prior to delivery

### OR

- Set aside time in the schedule book each week for postpartum certification/breastfeeding appointments. Instruct potential breastfeeders to call and schedule their appointment as soon as possible after they deliver.
2. Whenever possible, call postpartum women who were planning to breastfeed, preferably within 2-3 days of delivery. Studies have shown that an immediate post-delivery call, coupled with the prenatal contact, can be very effective in increasing the incidence and duration of breastfeeding.
  3. Provide an initial breastfeeding contact at the certification appointment. Focus discussion on the woman's areas of concern, on topics found to relate strongly to increased rates of duration and to be of common concern among women and adolescents, and, if appropriate, on topics of concern among certain ethnic groups. See recommended topics in the Guidelines for Breastfeeding Support in Local WIC Programs.

Document contacts as follows:

- Document initial breastfeeding contact under COUNSELING/EDUCATION PROVIDED in the Plan section of the certification form.
  - Document scheduled follow-up contact under NUTRITION FOLLOW-UP in the Plan section of the of the certification form.
4. Provide follow-up as needed, by phone and/or during secondary contacts. Although women generally experience more critical problems during the first few weeks of breastfeeding, it is equally important to address those issues which arise later on, such as plans for returning to work, collecting and storing breastmilk, or weaning the older baby.

Document follow-up contacts as follows:

- Document completed individual follow-up under FOLLOW-UP in the Plan section of the certification form.
- Document completed group contacts using the Group Masterfile System for Nutrition Education.
- Document phone contact in the participant's record.





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## RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS

DEVELOP EFFECTIVE RELATIONSHIPS WITH HEALTH CARE PROVIDERS TO ENCOURAGE PRENATAL WOMEN TO BREASTFEED AND TO SUPPORT BREASTFEEDING WOMEN.

WIC participants' infant feeding decisions are greatly influenced by their health care providers, including obstetricians, pediatricians, family practitioners, obstetrical and pediatric nurses, midwives, nurse practitioners and physician assistants. To successfully promote and support breastfeeding among your participants, integrate your efforts with those of the participant's other health care providers by:

1. Informing health care providers about the role WIC plays in breastfeeding promotion and support so that health care providers will use you as a breastfeeding resource for their prenatal and breastfeeding patients who are on WIC.
2. Providing health care providers with current, accurate information about breastfeeding management and support to insure that participants receive consistent information from all sources.
3. Coordinating your nutrition education efforts with those of health care providers so that you can
  - reinforce each other's information, and
  - provide women with breastfeeding support as often as possible, especially at crucial times.

Follow the activities outlined below to ensure that all WIC nutritionists are developing productive relationships with health care providers in a consistent manner.

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## ACTIVITIES

The activities outlined below are divided into initial steps and follow-up activities. How well your program implements these steps may depend on the receptiveness of local health care providers, the types of health care facilities in your area, and the time, expertise and resources of your staff.

OBJECTIVE 1: Inform local health care providers about the role WIC plays in breastfeeding promotion and support.

Initial Step: Send providers information about WIC's breastfeeding promotion policy, using either state- or locally-produced materials.

Follow-up Activities: Visit, phone or write local providers to tell them about WIC's breastfeeding policy. Provide them with the WIC poster "Baby's Best Beginning: Breastfeeding" and breastfeeding education pamphlets to distribute to their patients. Inform them about specific breastfeeding promotion activities and incentives in your program (i.e., support groups, contests, gift packs, etc.)

OBJECTIVE 2: Provide information about techniques of breastfeeding management and support.

Initial Step: Keep updated on new information about breastfeeding management and counseling by attending conferences and workshops and/or reading abstracts in newsletters, journals and other publications.

Follow-up Activities: Talk with health care providers about issues regarding individual participants, by phone or in person.

Organize an inservice on breastfeeding for local providers.

Participate in medical rounds or regularly scheduled inservices at your health care facility.

Send a questionnaire to local providers to determine their practices regarding breastfeeding counseling and support. Use the questionnaire as a needs assessment for other activities.

Send a list of professional resources on breastfeeding management and counseling to providers who request information.

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OBJECTIVE 3: Coordinate your efforts with those of other health care providers.

Initial Steps:

Establish rapport with the providers who care for the majority of your prenatal and breastfeeding participants.

Discuss with providers the breastfeeding concerns and needs of specific participants who seem most in need of a coordinated approach to their care.

Follow-up Activities: Using questionnaire results, determine which providers are giving information and support which can be reinforced by WIC. Determine which providers seem receptive to efforts to increase coordination.

Work with area providers to set up a task force to promote and support breastfeeding.

Work with providers in your health center to develop a joint protocol. Establish who will contact patients at what times and designate issues to be discussed.





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BREASTFEEDING EDUCATION RESOURCES

PROVIDE COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES.

Reinforce breastfeeding education by using printed and audio-visual materials.

1. Make sure the written and audio-visual materials used are accurate, unbiased and culturally appropriate.
2. Make sure the content of educational materials is useful and appropriate to the situation and needs of the participant. Example:
  - \* Use the "Thinking About Breastfeeding" pamphlet with women who are undecided about their feeding choice or who plan to breastfeed. This pamphlet provides information about the benefits of breastfeeding and diet during lactation.
  - \* Use the pamphlets "Breastfeeding: Getting Started" or "Breastfeeding Your New Baby" with beginning breastfeeders and with women close to their expected delivery date who are planning to breastfeed. They are designed to help women initiate successful breastfeeding practices, and include information on breastfeeding techniques.
3. Use the E.M.P.O.W.E.R. manual (Evaluate Materials To Promote Optimal Use Of WIC Education Resources) to evaluate all materials not produced by the state WIC office.

See the Guidelines for Breastfeeding Support in Local WIC Programs for a list of recommended breastfeeding resources for professional and participant use. Many of the audio-visuals and printed materials listed are available by loan from the state WIC library.



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THE WIC FOOD DELIVERY SYSTEM

THE MASSACHUSETTS WIC PROGRAM DEFINES BREASTFEEDING AS "THE PRACTICE OF FEEDING A MOTHER'S BREASTMILK TO HER INFANT(S) ON THE AVERAGE OF AT LEAST ONCE A DAY".

PRESCRIBE A BREASTFEEDING WOMAN AND HER INFANT APPROPRIATE FOOD PACKAGES THAT ENCOURAGE AND SUPPORT CONTINUED BREASTFEEDING AND WHICH ARE BASED ON INDIVIDUAL NUTRITIONAL NEEDS.

ISSUE SUPPLEMENTAL FORMULA ONLY AFTER ASSESSMENT, COUNSELING AND EDUCATION HAVE BEEN PROVIDED TO THE MOTHER, RESPONSIVE TO HER NEEDS AND CONCERNS.

PRESCRIBE THE SMALLEST AMOUNT OF FORMULA WHICH MEETS THE INFANT'S ASSESSED NUTRITIONAL NEEDS, TO MINIMIZE THE POSSIBILITY OF SUPPLEMENTAL FORMULA INTERFERING WITH OR UNDERMINING THE MOTHER'S BREASTFEEDING EFFORTS.

Breastfeeding is the preferred method of infant feeding. Encourage women to breastfeed while respecting women who choose to feed their infants with formula. Promote and support breastfeeding by providing information on the physiological, emotional and nutritional value to both mother and baby.

- Prescribe food packages for the breastfeeding mother and infant that encourage and support breastfeeding.
- Assume active breastfeeding rather than minimal breastfeeding as the norm. This will result in more successful support from the staff and increased commitment from the mother.
- Encourage women's efforts and commitment regardless of the frequency of nursing.

PRESCRIBING THE INFANT FOOD PACKAGE

Ideally, breastfed infants require no supplementation, especially during the first few months of life. Formula may be prescribed for the breastfed infant based on the assessment of the infant's nutritional needs. Nutritional parameters to consider include the infant's age, weight (including percentile weight/length), and feeding skills (introduction of semi-solids, cup, finger foods, table foods). Prescribe a supplemental formula package that best meets nutritional needs not met by breastfeeding or, if applicable, other foods.

A full formula package is rarely warranted. However, special conditions or nutritional needs may necessitate a larger or full formula package. Special conditions may include (but are not limited to) a special medical condition increasing the need for nutrients or calories, an infant in the final stages of weaning, or an infant with greater than average nutritional needs and a working mother who can only provide 1-2 nursings per day.

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Prescribe powdered formula unless a documented need exists for concentrate or ready-to-feed; powder can be prepared in small amounts for needed feedings. Add infant cereal and juice in the month the infant turns 5 months old.

Follow these guidelines when prescribing food packages for breastfed infants:

1. Fully breastfed infants: Issue the food package with the message, "Congratulations on your continued success with breastfeeding."
2. Partially breastfed infants: Prescribe the smallest amount of supplemental formula which meets the infants needs.
3. Weaning infants: Prescribe the formula package that best meets the infant's assessed nutritional needs (up to a full formula package.)

Use the table below to determine the approximate amount of formula per day supplied by the different formula packages.

		AMOUNT PER MONTH	AMOUNT PER DAY*
BREASTFEEDING SUPPLEMENT	Powder (milk-base)	1 (1 lb) can	4 ounces
	Powder (soy-base)	1 (14 oz) can	3 ounces
	Concentrate	N/A	N/A
	Ready-to-feed	12 (8 oz) cans	3 ounces
SMALL FORMULA	Powder (milk-base)	2 (1 lb) cans	8 ounces
	Powder (soy-base)	2 (14 oz) cans	6.5 ounces
	Concentrate	N/A	N/A
	Ready-to-feed	24 (8 oz) cans	6 ounces
1/2 PACKAGE	Powder (milk-base)	4 (1 lb) cans	15.5 ounces
	Powder (soy-base)	4 (14 oz) cans	13 ounces
	Concentrate	15 (13 oz) cans	13 ounces
	Ready-to-feed	13 (32 oz) cans	13 ounces
3/4 PACKAGE	Powder (milk-base)	6 (1 lb) cans	23 ounces
	Powder (soy-base)	6 (14 oz) cans	20 ounces
	Concentrate	24 (13 oz) cans	20 ounces
	Ready-to-feed	19 (32 oz) cans	20 ounces
FULL FORMULA	Powder (milk-base)	8 (1 lb) cans	31 ounces
	Powder (soy-base)	8 (14 oz) cans	26 ounces
	Concentrate	31 (13 oz) cans	26 ounces
	Ready-to-feed	25 (32 oz) cans	26 ounces

\* Approximate amounts, based on (16 oz) can Enfamil powder (116 ounces reconstituted) and (14 oz) can Prosobee powder (102 oz reconstituted). Amounts of non-contract formulas may vary slightly from these estimates.

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EXAMPLE: A two-month old breastfed infant receives 8 to 12 ounces of supplemental formula per day. Prescribe the small powdered formula package, since it provides approximately 8 ounces of formula a day.

#### PRESCRIBING THE MOTHER'S FOOD PACKAGE

All breastfeeding women need more nutrients than non-breastfeeding women and require a larger food package, regardless of the frequency or extent of breastfeeding. Give each breastfeeding woman the most appropriate food package, based on the assessment of her nutritional needs. Consider nutritional parameters such as pregnancy weight gain, postpartum weight loss, age, length of interconceptional period, stage of breastfeeding (e.g., first month, well-established, weaning), frequency of nursing, and special nutrient/caloric needs.

In most cases, prescribe the recommended (maximum) food package for breastfeeding women. This package meets the nutritional requirements of breastfeeding women, and also provides additional incentive to initiate and continue breastfeeding.

Assume the mother is actively breastfeeding until she informs you otherwise; you are more likely to provide her with successful breastfeeding support that way. When she indicates she is weaning, provide information and support for bottlefeeding (for younger infants) or offering formula and other liquids by cup (for older infants).





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WIC AND THE INFANT FORMULA INDUSTRY

THE MASSACHUSETTS WIC PROGRAM PROMOTES BREASTFEEDING AS THE OPTIMAL METHOD OF INFANT FEEDING. WIC ALSO PROVIDES FORMULA AND SUPPORT TO WOMEN WHO HAVE INITIATED BOTTLEFEEDING.

ANY RELATIONSHIP BETWEEN WIC AND THE INFANT FORMULA INDUSTRY MUST SUPPORT THE WIC PROGRAM'S POLICY OF PROMOTING BREASTFEEDING.

The infant formula industry occasionally makes items and services available to the WIC program for use with participants. In order to be acceptable for use by WIC, any item or service offered by a formula company must:

1. Comply with the World Health Organization (WHO) Code of Marketing Breastmilk Substitutes.
2. Comply with existing Massachusetts WIC Program policies regarding resource materials, appropriate professional behavior and check issuance.
3. Be necessary for WIC Program operation and be unavailable elsewhere at a reasonable cost.

See below for explanations regarding these three requirements.

THE WHO CODE ON MARKETING BREASTMILK SUBSTITUTES

The WHO Code is an internationally accepted code of behavior for the infant formula industry, government agencies, and health care workers. The aim of this code is:

" ... to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution."

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## EXISTING MASSACHUSETTS WIC PROGRAM POLICIES

Resource materials The E.M.P.O.W.E.R. booklet details guidelines to use when evaluating nutrition education materials for appropriateness and client-orientation. Briefly:

- material must comply with the WHO Code, be accurate and up to date.
- formula product names cannot be used in text, dialogue or illustrations for printed or audio-visual materials.
- packaging materials cannot contain formula coupons or samples of formula.

Appropriate professional behavior Local programs must:

- design all program activities to best serve participants
- maximize the time devoted to participant certification and education
- keep the skills and knowledge of its staff current.

Therefore, even though your staff may need access to materials which contribute to their professional education, make sure your interactions with formula company representatives do not conflict with the above policies.

Check issuance Local programs must:

- Issue supplemental formula only after assessment, counseling and education have been provided to the mother, responsive to her needs and concerns.
- Prescribe the smallest amount of formula which meets the infant's assessed nutritional needs, to minimize the possibility of supplemental formula interfering with or undermining the mother's breastfeeding efforts.

## NECESSARY FOR PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

An item or service is considered necessary for the program operation if you need it to certify, educate and provide food to participants, and includes items for certification and for education of participants and staff.

An item or service is considered unavailable elsewhere at a reasonable cost if it or a similar item cannot be obtained from another source at an affordable cost. This decision depends on the resources available to your program. Keep in mind the need to use sources other than formula companies for items and services when planning your budget.

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ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY

1. Participant Education Materials about Infant Feeding  
(pamphlets, posters, flipcharts, audio-visuals)

WHO CODE            See excerpt from Article 4.2, below.

WIC POLICY        Material is accurate and up-to-date, and does not  
include formula coupons or samples.

NECESSARY/        Information is needed for participant education, and  
UNAVAILABLE       similar, affordable material is unavailable elsewhere.

2. Other Participant Education Materials  
(materials on child development, diapering, safety, etc.)

WHO CODE            No product name is used.

WIC POLICY        Material is accurate and up-to-date.

NECESSARY/        Information is needed for participant education, and  
UNAVAILABLE       similar, affordable material is unavailable elsewhere.

3. Professional Education Materials about Infant Feeding  
(product manuals, conference proceedings, research findings, etc.)

WHO CODE            See excerpt from Article 4.2, below.

WIC POLICY        Material is accurate and up-to-date.

NECESSARY/        Information is needed for staff training, and similar,  
UNAVAILABLE       affordable material is unavailable elsewhere.

FROM WHO CODE, ARTICLE 4.2:

Such materials must include information on:

- a. the benefits and superiority of breastfeeding
- b. maternal nutrition and preparation for/maintenance of breastfeeding
- c. negative effect on breastfeeding of introducing partial bottlefeeding
- d. the difficulty of reversing the decision of not to breastfeed
- e. where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.
- f. the social and financial implications of the use of infant formula
- g. the health hazards of inappropriate foods or feeding methods, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.

Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes.

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ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY (cont.)

4. OTHER PROFESSIONAL EDUCATION MATERIALS  
(newsletters, conference proceedings, informational films, etc.)

WHO CODE            No product name is used.

NECESSARY/        Information is needed for staff education, and similar  
UNAVAILABLE       affordable material is unavailable elsewhere.

5. ITEMS FOR OFFICE AND PERSONAL USE  
(pens, notepads, mugs, name plates, meals, etc.)

WHO CODE            Item must not include product names, and may not be  
given as a material inducement of any kind.

NECESSARY/        Item is needed for program operation, program is unable  
UNAVAILABLE       to pay for similar items, and other funding sources are  
unavailable.

6. SPONSORSHIP OR CONTRIBUTION TO CONFERENCE/WORKSHOP/COURSE

WHO CODE            Contribution must be disclosed.

NECESSARY/        Topic is necessary for staff education, program is  
UNAVAILABLE       unable to pay for staff's participation in event, and  
other funding sources are unavailable.



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### STAFF TRAINING

PROVIDE TRAINING AND BREASTFEEDING RESOURCES TO WIC STAFF.

WIC staff can more effectively promote breastfeeding and provide support to lactating women if they are properly trained in breastfeeding management and have access to accurate, up-to-date references and resources.

1. All new staff are required to attend the breastfeeding promotion session of New Staff Training.
2. Nutritionists and CPA IIs are encouraged to attend conferences, inservices and training programs on breastfeeding management to update their knowledge.
3. The state office has distributed the following breastfeeding resources to each local program since July 1990:

#### PROFESSIONAL LEVEL

- \* Counseling the Nursing Mother Supplement (to the 1st edition)
- \* Chemical Agents and Breastmilk
- \* Breastfeeding Triage Tool
- \* Nutrition During Lactation: Summary, Conclusions and Recommendations
- \* Second Follow-up Report: The Surgeon General's workshop on Breastfeeding and Human Lactation (1991)
- \* Consumer Directory of Massachusetts Hospitals (June, 1992)

#### PARTICIPANT LEVEL

- \* "Breastfeeding" flipchart in English and Spanish for participant education
- \* Breastfeeding: Getting Started in Five Easy Steps" pamphlets in English and Spanish
- \* "WIC Works WIC Cares, WIC Helps in 1992" calendars
- \* Posters: "Baby's Best Beginning - Breastfeeding" and "Breastfed Babies... Are Happy, Grow So Well, Smell So Good, Let Mom Rest"



## VENDORS

A WIC VENDOR IS A RETAIL FOOD STORE, PHARMACY, OR HOME DELIVERY SERVICE AUTHORIZED BY THE WIC PROGRAM TO REDEEM WIC FOOD VOUCHERS FOR SPECIFIED WIC FOODS.

Retail vendors play a critical part in the WIC Program. As the distributors of the special WIC foods, vendors are essential in helping to improve the nutritional status of members of their communities.

The WIC Program benefits participating vendors not only because of the direct contribution of WIC food sales, but also because WIC participants who purchase their WIC foods from a vendor normally purchase other products at the same time.

In return for WIC sales, the WIC Program expects vendors to treat WIC participants the same as other customers and to follow the rules and regulations of the WIC program.

### VENDOR SELECTION

The main steps in the vendor selection process are:

1. Each local program designs a vendor selection plan for its service area which identifies the number and preferred location of vendors with whom they will enter into an agreement.
2. Interested vendors submit applications to the local WIC program.
3. The local program selects vendors, pharmacies, and (if needed in rural areas) home delivery services according to standard criteria developed by the state WIC office (normally every three years, for a 3-year agreement). Pharmacies are authorized to ensure that WIC participants have access to special infant formulas.
4. The local program signs agreements with selected food vendors and pharmacies and monitors their compliance with WIC Program procedures throughout the fiscal year.

Each of these steps is outlined in detail in the following sections.



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## DETERMINING NEED FOR VENDORS

CONSIDER THESE FACTORS WHEN DETERMINING YOUR VENDOR NEEDS:

1. YOUR KNOWLEDGE OF YOUR COMMUNITY
2. RESULTS OF THE PARTICIPANT SHOPPING SURVEY
3. COMMON SENSE

USE THE PARTICIPANT SHOPPING SURVEY BEFORE EACH 3-YEAR VENDOR AGREEMENT CYCLE BEGINS.

### THE PARTICIPANT SHOPPING SURVEY

Use the "Participant Shopping Survey" to obtain information from participants about their shopping preferences. The survey is mandatory the first year of every three-year contract cycle, and optional in other years. Make the summary available during voucher pickup, ideally in March or April, so that the results will be ready in time to prepare the Vendor Selection Plan. You may also survey participants orally and have staff complete the survey forms.

The "Participant Shopping Survey" is included in the Originals Packet.

### THE NUMBER OF VENDORS YOU NEED

The standard ratio recommended by the state WIC office is one food vendor for every 125 participants in rural areas, one food vendor for every 200 participants in urban areas, one food vendor for every 350 participants in Boston, and one pharmacy for every 500 participants (or one for each program site, if needed).

In deciding how many vendors you need to authorize, think about:

1. How many vendors your participants need
2. Where those vendors should be located throughout your catchment area
3. Availability of transportation, geography or any other factors affecting participant access to stores.





THE VENDOR SELECTION PLAN

USE THE VENDOR SELECTION PLAN TO SPECIFY THE NUMBER AND DISTRIBUTION OF VENDORS YOU DESIRE FOR THE COMING FISCAL YEAR.

SEND YOUR COMPLETED VENDOR SELECTION PLAN TO THE STATE OFFICE SO THAT IT IS RECEIVED BY JUNE 1 OF EACH YEAR.

YOU WILL RECEIVE APPROVAL OR NOTICE OF CHANGES REQUESTED BY JULY 1.

Use the "VENDOR SELECTION PLAN" to outline and describe your goals for service. There are two versions of this plan, one for year one and one for years two and three of the three-year contract period.

COMPLETING THE VENDOR SELECTION PLAN: YEAR ONEPROGRAM

ASSIGNED CASELOAD A/O MAY, 19 : Write your assigned caseload as of May 1.

PROPOSED NUMBER OF VENDORS Specify the number of food stores, pharmacies and home delivery vendors you are requesting for the next fiscal year. Write in the total.

FOOD VENDOR : PARTICIPANT RATIO Divide your caseload by the number of vendors to determine the ratio of participants to food stores and home delivery vendors (e.g., 1 to 75).

PHARMACY : PARTICIPANT RATIO Divide your caseload by the number of pharmacies to determine the ration of participants to pharmacies.

TOWNS IN CATCHMENT AREA List every town that is formally a part of your catchment area.

NUMBER OF PARTICIPANTS List the number of active participants living in each town.

WIC SITE? Put a check mark in this column if you have a WIC site in this town.

PROPOSED COVERAGE

- o Under "# of food stores", indicate the number of food vendors you wish to authorize in each town. Do not include home delivery in this count.
- o Under "# of pharmacies", indicate the number of pharmacies you wish to authorize in each town.
- o Under "home delivery", place a check mark if you would like to have home delivery cover this town in addition to or in place of food vendors and/or pharmacies.

SPECIAL FACTORS AFFECTING SELECTION PLAN (if any) Explain any particular circumstances which affect your plan, such as:

- o Number and distribution of participants served
- o Availability of transportation, geography and other factors affecting participant access to stores
- o Participant shopping preferences as indicated by the "PARTICIPANT SHOPPING SURVEY"
- o Vendor shortages
- o Hours of vendor operation

HOME DELIVERY (if any) If home delivery is necessary to serve your participants, use this space to explain why. (NOTE: You may not authorize home delivery vendors to provide services in urban areas, and any home delivery vendors you authorize may not serve WIC participants who live in urban areas. See the HOME DELIVERY section of this Procedure Manual for more information.)

NUMBER OF VENDORS (if exceeds guidelines) If your ratios of food vendors/pharmacies to participants do not fall within the ranges on page 1 of the form, use this space to explain why.

PREPARED BY / TITLE / DATE

COMPLETING THE VENDOR SELECTION PLAN: YEARS TWO AND THREE

1. Program
2. Assigned caseload a/o May 19 Write your assigned caseload as of May 1.
3. Total number of food vendors including home delivery proposed for FY  
Specify the total number of food vendors you are requesting for this fiscal year, including home delivery. Include current contracted vendors and new vendors needed for openings that have become available since October 1 of current fiscal year due to withdrawal/disqualification of a vendor or an increase in your caseload.

Do not use ranges for this total and round off all numbers.

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4. Food Vendor : Participant Ratio Divide your caseload by the number of vendors to determine the ratio of food stores and home delivery vendors to participants.
5. Total Number of pharmacies proposed for FY Specify the total number of pharmacies you are requesting for this fiscal year. (See #3 above.)

Do not use ranges for this total and round off all numbers.

6. Pharmacy : Participant Ratio Divide your caseload by the number of pharmacies to determine the ration of pharmacies to participants.

NOTE: If you don't need any new food vendors or pharmacies because you meet the recommended ratios with current vendors, skip the rest of this page and go to page 2.

TOWNS IN CATCHMENT AREA List each town that is formally a part of your catchment area.

NUMBER OF PARTICIPANTS List the number of active participants living in each town.

- A. CURRENT NUMBER OF FOOD VENDORS List the current number of food vendors in each town (including home delivery) who currently have contracts through September 30 of the current fiscal year. Put an \* next to those that are home delivery vendors.
- B. # OF OPENINGS FOR FOOD VENDORS List the number of openings currently available in each town for new food vendors and home delivery.
- C. CURRENT NUMBER OF PHARMACIES List the number of pharmacies in each town who currently have contracts through Sept. 30 of the current fiscal year.
- D. # OF OPENINGS FOR PHARMACIES List the number of openings currently available in each town for new pharmacies.

SPECIAL FACTORS AFFECTING SELECTION PLAN (if any) Explain any circumstances which affect your plan, such as number and distribution of participants served, availability of transportation, geography or any other factors affecting participant access to stores.

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NEED FOR HOME DELIVERY (if any) If home delivery is necessary to serve your participants, use this space to explain why.

NOTE: You may not authorize home delivery vendors to provide services in urban areas, and any home delivery vendors you authorize may not serve WIC participants who live in urban areas. See the HOME DELIVERY section of this Procedure Manual.

NUMBER OF VENDORS (if exceeds guidelines) If your ratios of food vendors/pharmacies to participants do not fall within the recommended ranges on page 1 of the form, use this space to explain why.

BREAKDOWN OF TOWNS INTO NEIGHBORHOODS If you wish to be more specific within a city/town, use this section to provide details.

NOTE: You may break down towns into as many neighborhoods as necessary (for example, using zip code areas) to ensure even distribution of stores. Be specific about neighborhood boundaries.

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## VENDOR APPLICATIONS

ALL VENDORS MUST SUBMIT APPLICATIONS IN ORDER TO BE CONSIDERED FOR WIC AUTHORIZATION. SEND AN APPLICATION TO ANY VENDOR WHO REQUESTS ONE IN WRITING.

Vendor applications are available beginning in June of each year. Vendor agreements are awarded on a three-year cycle, e.g., FY 92-94. All vendors must apply at the beginning of each cycle; no vendor automatically receives a new agreement.

Award additional agreements at the beginning of years 2 and 3 for the remaining years of the cycle only if:

- o Your program's Vendor Selection Plan shows a need for more vendors

OR

- o Authorized vendors are no longer on the Program and slots have opened.

All vendors with current WIC agreements will be sent applications by the state WIC office for each 3-year agreement period. All other vendors must request an application in writing.

Keep all vendor applications for 7 fiscal years, including those for vendors with whom you have not contracted.

## PHARMACIES

Pharmacies wishing to accept WIC vouchers for infant formula and other foods must complete and submit both the food vendor and the pharmacy applications. (They must then submit both types of quarterly price lists throughout the year.)

## FOOD CO-OPS

If a food co-op charges different prices for members and non-members, have them submit separate price lists for members and non-members.

See the DETERMINING COMPOSITE PRICES FOR VENDORS section for more information.



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NOTIFYING VENDORS ABOUT THE APPLICATION PROCESS

BY JUNE 20 OF THE FINAL YEAR OF EACH 3-YEAR AGREEMENT PERIOD, THE STATE WIC OFFICE WILL SEND EACH CURRENTLY PARTICIPATING WIC VENDOR A "VENDOR AUTHORIZATION EXPIRATION LETTER" AND AN APPLICATION PACKET.

YOU ARE ENCOURAGED TO SOLICIT ANY ADDITIONAL APPLICATIONS NEEDED.

MAKE SURE ALL PUBLICITY YOU USE TO SOLICIT APPLICATIONS IS NON-DISCRIMINATORY.

NOTIFYING CURRENTLY PARTICIPATING VENDORS

The "VENDOR AUTHORIZATION EXPIRATION LETTER" sent by the state office formally notifies vendors that:

- current WIC agreements expire on September 30,
- participating vendors must submit applications in order to be considered for a new WIC agreement, and
- applications are due on a given date in July.

NOTIFYING VENDORS NOT CURRENTLY PARTICIPATING IN WIC

Before each 3-year agreement cycle begins, the state WIC office makes public announcements of the vendor application process in newspapers throughout Massachusetts, such as:

BAY STATE BANNER

DAILY HAMPSHIRE GAZETTE

BERKSHIRE EAGLE

PROVIDENCE JOURNAL

BOSTON GLOBE

SPRINGFIELD DAILY NEWS

CAPE COD TIMES

WORCESTER TELEGRAM AND GAZETTE

THE HOLYOKE TRANSCRIPT

The state WIC office will supply you with samples of announcements and press releases if you wish to submit them to newspapers in your catchment area.



### REQUESTS FOR VENDOR APPLICATIONS

ALL VENDORS WHO DO NOT HAVE CURRENT WIC AGREEMENTS MUST REQUEST WIC VENDOR APPLICATIONS IN WRITING.

SEND AN APPLICATION PACKET TO ANY VENDOR REQUESTING AN APPLICATION IN WRITING.

ACCEPT APPLICATION REQUESTS FROM ANY VENDOR AT ANY TIME DURING THE YEAR.

KEEP TRACK OF ALL VENDOR REQUESTS SO YOU CAN PROCESS THEM WITHIN THE APPROPRIATE DEADLINES.

### REQUESTS BEFORE THE DEADLINE

Vendors may request applications for the upcoming agreement period (the full three-year period or the remaining one or two years of a three-year agreement period) until the annual deadline for submitting completed applications has passed.

### REQUESTS AFTER THE DEADLINE

If a vendor requests an application after the annual deadline has passed, call or write to notify them that the deadline is past but that you will send them an application:

- o if you need to reopen your application process, or
- o when the new contracting period begins.

Keep track of all written requests, and send these vendors application packets for the following year when you receive them from the state WIC office.





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### DISTRIBUTING VENDOR APPLICATIONS

SEND ALL VENDOR APPLICATION PACKETS BY CERTIFIED MAIL OR HAND-DELIVER THEM.

When you receive a written request from a vendor not currently authorized by WIC, first determine whether an opening exists in the area in which the store is located.

- If an opening exists, send a WIC Vendor Application Packet immediately, or as soon as the applications become available. Accept requests until the deadline for returning the completed applications has passed.
- If no openings exist, send a "No Openings" letter. Do not have the vendor fill out an application.

### BEFORE SENDING THE APPLICATIONS

1. Stamp or write your program name and address on each application price list.
2. Make sure that the correct date for food prices (as established by the state WIC office) has been filled in at the top of all pages of the price list, and above the signatures on the price list and application.

### SENDING OR DELIVERING THE APPLICATIONS

1. Send each application with a "VENDOR APPLICATION COVER LETTER".
2. Obtain a written receipt for each application:
  - o For mailed applications, keep the certified mail receipt.
  - o For hand-delivered applications, have the vendor sign a "VENDOR APPLICATION RECEIPT".
3. File the application receipt in the vendor's file.

[illegible]

RECEIVING VENDOR APPLICATIONS

DO NOT ACCEPT VENDOR APPLICATIONS AFTER THE STATED DEADLINE.

WHEN YOU RECEIVE A COMPLETED APPLICATION

1. Date and initial each application as you receive it.
2. Give written receipts to vendors who request them.
3. Send a copy of the application to the state WIC office within one week of the application deadline.

LATE APPLICATIONS

Do not accept late applications. Return them to the vendor with a "LATE APPLICATION LETTER" and keep a copy of the letter for your files.





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VENDOR SELECTION

SELECT VENDORS THAT:

1. SUBMIT TIMELY, COMPLETE AND ACCURATE APPLICATIONS
2. MEET THE MANDATORY MINIMUM OF WIC FOODS
3. HAVE THE LOWEST COMPOSITE PRICES
4. ARE ACCESSIBLE TO WIC PARTICIPANTS
5. COMPLY WITH WIC PROGRAM AND FOOD STAMP REGULATIONS
6. ACCEPT AT LEAST 20 VOUCHERS PER MONTH (FOR FOOD STORES;  
MAY BE WAIVED IF PARTICIPANTS NEED ACCESS TO THE STORE)
7. MEET THE NEEDS OF YOUR VENDOR SELECTION PLAN

Follow these steps when selecting vendors:

1. Review the applications submitted by the deadline for completeness, accuracy and for compliance with other selection criteria.

See the PRELIMINARY REVIEW OF VENDOR APPLICATIONS section of this Procedure Manual.

2. Review the applications for the Mandatory Minimum of WIC foods.

See THE MANDATORY MINIMUM section of this Procedure Manual.

3. Complete a vendor review of each new applicant before selecting her/him.

See the PRE-SELECTION VENDOR REVIEWS section of this Procedure Manual.

4. Compute a composite price for each applicant. Rank all food vendors and all pharmacies within the areas specified on your Vendor Selection Plan.

See the DETERMINING COMPOSITE PRICES FOR VENDORS section of this Procedure Manual.

5. Choose vendors sequentially, starting with the lowest priced vendor. Select the number of vendors/pharmacies stated in your Vendor Selection Plan, choosing the lowest priced vendor(s) for each area in your selection plan.

# CHAPTER 1

THE FIRST PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE EARTH, FROM THE EARLIEST TIMES TO THE PRESENT.

THE SECOND PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE HEAVENS, FROM THE EARLIEST TIMES TO THE PRESENT.

THE THIRD PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE MIND, FROM THE EARLIEST TIMES TO THE PRESENT.

THE FOURTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE SOUL, FROM THE EARLIEST TIMES TO THE PRESENT.

THE FIFTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE BODY, FROM THE EARLIEST TIMES TO THE PRESENT.

THE SIXTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE SENSES, FROM THE EARLIEST TIMES TO THE PRESENT.

THE SEVENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE PASSIONS, FROM THE EARLIEST TIMES TO THE PRESENT.

THE EIGHTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE VIRTUES, FROM THE EARLIEST TIMES TO THE PRESENT.

THE NINTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE VICES, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE FORTUNES, FROM THE EARLIEST TIMES TO THE PRESENT.

THE ELEVENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE MISFORTUNES, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWELFTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE DEATH, FROM THE EARLIEST TIMES TO THE PRESENT.

THE THIRTEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE LIFE, FROM THE EARLIEST TIMES TO THE PRESENT.

THE FOURTEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE ETERNITY, FROM THE EARLIEST TIMES TO THE PRESENT.

THE FIFTEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE IMMORTALITY, FROM THE EARLIEST TIMES TO THE PRESENT.

THE SIXTEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE RESURRECTION, FROM THE EARLIEST TIMES TO THE PRESENT.

THE SEVENTEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE JUDGMENT, FROM THE EARLIEST TIMES TO THE PRESENT.

THE EIGHTEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE REWARD, FROM THE EARLIEST TIMES TO THE PRESENT.

THE NINETEENTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE PUNISHMENT, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWENTIETH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE GLORY, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWENTY-FIRST PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE SHAME, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWENTY-SECOND PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE HONOR, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWENTY-THIRD PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE DISHONOR, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWENTY-FOURTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE FAME, FROM THE EARLIEST TIMES TO THE PRESENT.

THE TWENTY-FIFTH PART OF THE BOOK IS A HISTORY OF THE THEORY OF THE INFAMY, FROM THE EARLIEST TIMES TO THE PRESENT.

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PRELIMINARY REVIEW OF VENDOR APPLICATIONS

DURING THE PRELIMINARY REVIEW:

1. CHECK TO MAKE SURE THE APPLICATION IS COMPLETE, ACCURATE, SIGNED AND DATED.
  - GIVE VENDORS FIVE DAYS (IN WRITING) TO COMPLETE APPLICATIONS WHICH ARE INCOMPLETE OR WHICH LACK THE MANDATORY MINIMUM.
  - REJECT ANY APPLICATION RESUBMITTED LATER THAN THE DEADLINE FOR RESUBMITTAL.
2. CHECK WHETHER THE VENDOR HAS BEEN DISQUALIFIED FROM FOOD STAMPS AS OF THE FIRST DAY OF THE UPCOMING FISCAL YEAR. IF SO, DO NOT CONSIDER HER/HIM FOR WIC AUTHORIZATION.
3. CHECK WHETHER THE VENDOR HAS AN OUTSTANDING MONETARY CLAIM LEVELED AGAINST HER/HIM BY THE STATE WIC OFFICE. IF SO, DO NOT AUTHORIZE HER/HIM.
4. CHECK TO SEE IF ANY FOOD STORE IS A LOW-VOLUME WIC VENDOR. IF SO, YOU MAY DENY THE APPLICATION.

THE PRELIMINARY REVIEW

The purpose of the preliminary review is to make sure you have all the information you need to accurately assess the applicant, and to ascertain whether the vendor may be eliminated from further consideration due to low volume, Food Stamp disqualification, or an outstanding monetary claim made by the state WIC office.

1. Review all applications for completeness as soon as you receive them. If any part of an application is not filled out, or if the vendor does not meet the Mandatory Minimum, make a copy of the incomplete application and return the original to the vendor. Do not fill in any blanks on the application yourself.

Notify the vendor in writing that s/he has until 4:00 pm on the 5th working day after receiving the application back to return the completed application to you, or it will be rejected.

IMPORTANT: Applicants must stock the Mandatory Minimum as of the date of application. Do not count as part of the Mandatory Minimum any foods which a store plans to carry if accepted by WIC.

2. Check with the state WIC office to make sure the vendor has not been disqualified from Food Stamps for a period extending past September 30. If s/he has, DO NOT consider him/her for WIC authorization.
3. If the state WIC office has notified you that the vendor has an outstanding monetary claim made against her/him, do not authorize the vendor.
4. If any food vendor applicant has redeemed fewer than 20 WIC vouchers in a given month, you may deny the vendor's application, taking into consideration participant need, if any, for access to this vendor.
5. Check the vendor's hours of operation. If they may cause problems for participants, contact the state WIC office for guidance.

If you have any other questions about the vendor's application (e.g., some information appears to be inaccurate), contact the state WIC office for guidance.

### THE MANDATORY MINIMUM

TO RECEIVE WIC AUTHORIZATION, A VENDOR MUST CARRY EACH ITEM OF THE MANDATORY MINIMUM OF WIC FOODS.

The Mandatory Minimum guarantees that participants can purchase an entire voucher's worth of food from the vendor at any time, and that s/he will have choices when purchasing that food. The foods must also be fresh and in adequate supply.

There are Mandatory Minimum criteria for food vendors and for pharmacies. For copies, see the WIC Vendor Application Packet in the VENDOR APPLICATIONS section of this Procedure Manual.

Note that for infant formula, vendors must have on hand at all times at least one case each of Enfamil With Iron and Prosobee.

### REVIEWING VENDOR APPLICATIONS FOR THE MANDATORY MINIMUM

1. Complete a FOOD VENDOR MANDATORY MINIMUM CHECKLIST for each food vendor. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.
2. Complete a PHARMACY MANDATORY MINIMUM CHECKLIST for each pharmacy. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.
3. If the food vendor or pharmacy does not meet all of the requirements of the Mandatory Minimum, the application is incomplete.

SEE PRELIMINARY REVIEW OF VENDOR APPLICATIONS.





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DETERMINING COMPOSITE PRICES

IN ORDER TO RECEIVE WIC AUTHORIZATION, VENDORS MUST HAVE COMPETITIVE PRICES.

DETERMINE A COMPOSITE PRICE FOR EACH QUALIFIED FOOD VENDOR AND PHARMACY APPLICATION, USING THE SHELF PRICES SUBMITTED ON THE APPLICATION.

IN ORDER FOR PRICE COMPARISONS TO BE ACCURATE, MAKE SURE ALL SHELF PRICES ARE FROM JULY 1.

RANK FOOD VENDORS AND PHARMACIES SEPARATELY, ACCORDING TO THEIR COMPOSITE PRICES. YOU MAY RANK VENDORS BY AREA WITHIN YOUR CATCHMENT AREA.

The composite price formula multiplies the prices of the most commonly purchased WIC foods by a weighting factor based on the volume of WIC sales for that food. Therefore, the composite price tells you each vendor's relative cost to WIC.

FOOD VENDORS

Use the "FOOD VENDOR COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each vendor that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office at the beginning of each contracting period.

Fill in the "FOOD VENDOR COMPOSITE PRICE CALCULATION" sheet with the information on the Food Vendor Price List submitted with the vendor's application.

1. VENDOR NAME AND LOCATION

2. LOCAL WIC PROGRAM

3. UNIT PRICE Fill in the price of the item in the quantity specified in the UNIT column:

<u>Juice</u>	Add together the highest and lowest price for 12-oz cans of frozen orange juice, and divide by 2.
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<u>Cheese</u>	Multiply the package size at the top of each column (6 oz, etc.) by the number of prices filled in that column. Fill in the total at the bottom of each column. Add the totals across to find the total number of ounces.
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Add up all prices for each type of cheese and put the total in the right-hand column. Add up the totals in the right hand column and put the grand total at the bottom.

To get the average price per ounce, divide the total cheese price by the total number of ounces.

Cereal Add up the number of ounces for all cereals with prices listed, and put the total at the bottom of the column.

Add all the prices listed in the next column and put the total at the bottom of the column.

To get the average price per ounce, divide the total price by the total ounces.

Milk Add together the highest and lowest prices for 1 gallon of whole milk and divide the total by 2.

Eggs Write the price for 1 dozen Grade A large eggs.

Infant Formula Write the price for a 13-ounce can of Enfamil With Iron.

Infant Cereal Add together the highest and lowest prices for an 8 ounce package of infant cereal, and divide by 2.

Peanut Butter Add together the highest and lowest prices for an 18 ounce jar and divide by 2.

NOTE: If the vendor lists only one price because s/he only carries one brand, use that price for the average.

4. MULTIPLIER Multiply the unit price by this number.
5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of  $\frac{1}{2}\text{¢}$  or higher to the next cent, and round down any numbers less than  $\frac{1}{2}\text{¢}$ .
6. GRAND TOTAL Add all totals.
7. RANK:        of        After you've completed a "FOOD VENDOR COMPOSITE PRICE CALCULATION" for each vendor, sort them by GRAND TOTAL, highest first, for each area specified in your Vendor Selection Plan. Then fill in the first blank with "1" (for the highest-priced vendor), "2" (for the second highest), etc.

Fill in the second blank with the total number of vendors ranked (the same number on all sheets for each area).

8. Staff Signature/Title/Date

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## PHARMACIES

Use the "PHARMACY COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each pharmacy that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office.

Fill in the "PHARMACY COMPOSITE PRICE CALCULATION" sheet with the information on the Pharmacy Price List submitted with the vendor application.

1. VENDOR NAME AND LOCATION
2. LOCAL WIC PROGRAM
3. UNIT PRICE Fill in the prices given for each type of formula:

<u>Enfamil With Iron</u>	13 ounce concentrate
<u>Enfamil With Iron</u>	1 pound powdered
<u>Enfamil With Iron</u>	32 ounce ready-to-feed
<u>Enfamil (Low Iron)</u>	13 ounce concentrate
<u>Prosobee</u>	13 ounce concentrate
<u>Prosobee</u>	14 ounce powdered
<u>Nutramigen</u>	1 pound powdered
<u>Pregestimil</u>	1 pound powdered
<u>Alimentum</u>	32 ounce ready-to-feed

4. MULTIPLIER Multiply the unit price by this number.
5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of  $\frac{1}{2}\text{¢}$  or higher to the next cent, and round down any numbers less than  $\frac{1}{2}\text{¢}$ .
6. GRAND TOTAL Add all totals.

FOOD CO-OPS

Since food co-ops normally have different prices for members and non-members, have them submit separate price lists for members and non-members and use the average of these prices to determine the composite price.

This formula is based on the assumption that half of the co-op's WIC customers are members. If the co-op can show that more than 50% of their WIC customers are working members (and therefore, WIC prices will be lower), have them submit documentation to you and weight the two price lists accordingly.

HOME DELIVERY

For purposes of composite price calculation, consider Home Delivery applicants as a separate category and rank them against each other only.



PRE-SELECTION VENDOR REVIEWS

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CONDUCT AN ON-SITE REVIEW OF ALL NEW APPLICANTS BEFORE SELECTING THEM AS WIC VENDORS. GIVE THEM 5 DAYS TO CORRECT ANY PROBLEMS.

ALSO VISIT ANY STORES PREVIOUSLY AUTHORIZED WHERE YOU SUSPECT PROBLEMS SUCH AS FALSE PRICES ON THE APPLICATION.

Use the "VENDOR REVIEW FORM" included in the Originals Packet for pre-selection reviews.

1. Visit all new vendors as close to July 15th as possible.
2. If you discover that the vendor has provided false information on the application, contact the state WIC office for guidance. False information includes submitting inaccurate prices and/or submitting prices for items not available in the store.
3. If you find the vendor does not carry the mandatory minimum, give them 5 days to correct the problem.
4. If the vendor gives prices on the price list for items not available in the store, do not consider this as carrying the mandatory minimum. The lack of the mandatory minimum should be reflected on the vendor's price list.



SPECIAL VENDOR SELECTION SITUATIONS

FOLLOW GUIDELINES FOR SPECIAL VENDOR SELECTION SITUATIONS IF:

1. YOU ARE A BOSTON PROGRAM AND PART OF A COLLECTIVE SELECTION PROCESS
2. YOU NEED HOME DELIVERY TO SERVICE RURAL PARTICIPANTS
3. YOUR AREA IS UNDER-SERVED BY VENDORS AND YOU NEED TO RE-OPEN THE APPLICATION PROCESS
4. THE OWNERSHIP OR LOCATION OF AN AUTHORIZED VENDOR CHANGES.

In all the situations listed above, the the application process is the same and you use the standard applications and letters, but the selection procedure varies. See the following sections for details.



BOSTON VENDORS

SOME BOSTON PROGRAMS WORK COLLECTIVELY ON SELECTING AND AUTHORIZING VENDORS.

If your catchment area includes certain parts of Boston, you may meet with other Boston program directors to jointly select vendors and to define the area within which this will take place.

Each program accepts applications and prepares composite prices, and then all programs meet to rank prices for vendors within the defined area and to select vendors to be authorized. They also allocate responsibilities for educating vendors, signing vendor agreements and monitoring.





### HOME DELIVERY

AUTHORIZE HOME DELIVERY VENDORS ONLY IN RURAL AREAS AND ONLY IF:

- FOOD VENDORS ARE INACCESSIBLE OR DIFFICULT FOR PARTICIPANTS TO USE
- YOU HAVE THE RESOURCES TO MONITOR HOME DELIVERY SERVICES.

AUTHORIZED HOME DELIVERY VENDORS MAY NOT PROVIDE SERVICES IN URBAN AREAS.

Authorize home delivery services only in rural areas and only in areas where participants have difficulty using authorized stores.

### HOME DELIVERY PROCEDURES

In home delivery, participants make arrangements with a home delivery service to deliver WIC foods throughout the month, instead of purchasing them at an authorized vendor.

### DETERMINING NEED FOR HOME DELIVERY

Since federal regulations require much more extensive monitoring of home delivery services than stores, give first preference to stores wherever possible, unless there is a specific need for home delivery in a certain area.

Base your decision on whether participants will face hardship in using stores and whether you have the resources to monitor home delivery services. See the section on HOME DELIVERY MONITORING for more information.



### RE-OPENING VENDOR APPLICATIONS

RE-OPEN THE VENDOR APPLICATION AND SELECTION PROCESS ONLY WITH WRITTEN PERMISSION FROM THE STATE WIC OFFICE.

If you cannot meet your vendor needs as you have stated them in your selection plan, you may re-open your area (or part of your area) for vendor applications if:

- o You have received an insufficient number of applications from qualified vendors,
- o You originally selected enough vendors to participate, but some of those vendors are no longer authorized (for example, vendors that have gone out of business or been disqualified from the WIC Program), or
- o Your caseload has changed so that your original vendors no longer effectively serve your participants.

### RE-OPENING YOUR AREA FOR VENDOR APPLICATIONS

1. Write a letter to the state WIC office requesting permission to re-open applications for an underserved area. Include an estimate of the number of vendors needed to adequately serve this area, according to your vendor selection plan.
2. Establish a new deadline for accepting applications, have it approved by the state WIC office, and follow standard application and selection procedures.
3. Notify previously rejected vendors that they may apply again if they have corrected previous problems.
4. Use a variety of means to contact potential WIC vendors in your community so that you receive enough applications to meet your program's needs.





CHANGE IN VENDOR OWNERSHIP OR LOCATION

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IF A CURRENTLY AUTHORIZED VENDOR CHANGES OWNERSHIP OR LOCATION DURING A WIC AUTHORIZATION PERIOD, HIS/HER AUTHORIZATION IS NO LONGER VALID

CONTACT THE STATE WIC OFFICE IF YOU WISH TO WAIVE THIS REQUIREMENT.

The WIC Vendor Agreement states that the vendor is required to give you thirty days written notice prior to a change in the ownership or location of the business.

If the vendor's new owner or owner of new location applies for WIC vendor authorization in the middle of the contract year, you may grant authorization using the procedure below. The new vendor's authorization begins on the date that you sign the agreement, and lasts until the end of the contract year.

If the vendor is in an area in which there are other potential vendors, notify those vendors that an opening exists.

Visit all stores with new owners or new locations before you authorize them.

APPLICATION AND SELECTION FOR A NEW OWNER

1. Retrieve the stamp from the previous owner and mail it back to the state WIC office within one week.
2. Order a stamp for the new vendor (or applicant) as early as possible to avoid delays.
3. Give the new vendor a Vendor Application Packet. At the beginning and end of the price list, change the date to the one on which you wish the price list to be completed. Revise the "ACTUAL SHELF PRICES" date at the bottom of the application.
4. Have the vendor review the application packet and fill out the application completely.
5. Visit the vendor, check prices, and complete a "VENDOR REVIEW FORM".
6. Compute a Composite Price for the new vendor and for the previous vendor's most recent quarterly price list.

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7. If the new vendor's prices are comparable, you may authorize her/him for participation in the WIC Program. If in doubt, compare the applicant's price list to those of current vendors.
8. If the prices have increased significantly, you are not required to authorize the store. If this leaves the area underserved, consider re-opening the application process.

#### APPLICATION AND SELECTION FOR A NEW LOCATION

- \*\* Decide whether the new location is consistent with the requirements of your Vendor Selection Plan. Consult with the state WIC office if you are not sure.
- \*\* Send the signed Vendor Agreement to the state WIC office. Upon receipt of the agreement, the state office will send you a new vendor stamp.

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VENDOR ACCEPTANCE AND REJECTION

NOTIFY EACH APPLYING VENDOR OF HER/HIS ACCEPTANCE OR REJECTION AS CLOSE TO AUGUST 31st AS POSSIBLE (BUT NOT LATER).

MAKE SURE ACCEPTANCE AND REJECTION LETTERS ARE POSTMARKED BY THE DEADLINE FOR NOTIFICATION.

SEND LETTERS OF ACCEPTANCE OR REJECTION BY CERTIFIED MAIL, OR HAND-DELIVER THEM AND OBTAIN A RECEIPT.

KEEP ONE COPY OF EACH ACCEPTANCE OR REJECTION LETTER IN THE VENDOR'S FILE.

EXPLAIN TO REJECTED APPLICANTS THE REASON FOR REJECTION.

Send a "VENDOR ACCEPTANCE LETTER" or a "VENDOR REJECTION LETTER" to each vendor from whom you received an application.

If you mail acceptance and rejection letters, make sure they are postmarked by the deadline for notification of acceptance. If you hand-deliver them, make sure you deliver them on or before the deadline.

Keep a copy of all acceptance and rejection letters in the vendor's file.

See OFFICE VENDOR FILES for more information.

Send a copy of all letters to the state WIC office by September 7. (The state WIC office will not issue a Vendor Authorization Stamp for any vendor for whom they have not received an acceptance letter.)

ACCEPTANCE LETTERS

If a pharmacy has applied as both a pharmacy and a food vendor and you are accepting them as a pharmacy but denying their food vendor application, make it clear in their acceptance letter that they are only authorized as a pharmacy and may only accept vouchers for foods other than infant formula.

REJECTION LETTERS

Indicate in the rejection letter all the reasons for which you rejected the vendor's application. Many vendors request Fair Hearings because they do not understand the reason for denial. Taking the time to carefully explain the reason(s) for denial helps to maintain good community relations and to avoid unnecessary Fair Hearings, especially when the reason for rejection is an issue related to price or to the Vendor Selection Plan.



THE WIC VENDOR STAMP

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THE WIC VENDOR STAMP IS A RUBBER STAMP BEARING A 4-DIGIT NUMBER IDENTIFYING THE VENDOR.

EVERY VENDOR MUST RECEIVE A NEW VENDOR STAMP EVERY YEAR.

ONLY CURRENTLY AUTHORIZED WIC VENDORS WITH A VALID WIC VENDOR AGREEMENT ARE ALLOWED TO HAVE A WIC VENDOR STAMP.

- COLLECT OLD VENDOR STAMPS FROM VENDORS NOT AUTHORIZED FOR THE NEW FISCAL YEAR BY OCTOBER 1. THEY ARE NOT ALLOWED TO ACCEPT CHECKS AFTER SEPTEMBER 30.
- COLLECT OLD VENDOR STAMPS FROM VENDORS AUTHORIZED FOR THE NEW FISCAL YEAR AT THE VENDOR AUTHORIZATION AND EDUCATION SESSION, AND DISTRIBUTE NEW VENDOR STAMPS THEN.

ISSUE ONLY ONE STAMP PER VENDOR. ISSUE THE SAME VENDOR NUMBER TO AN AUTHORIZED VENDOR WHOSE AGREEMENT IS STILL VALID OR WHO RECEIVES A NEW WIC AGREEMENT.

DO NOT ISSUE ANY VENDOR STAMP WITHOUT NOTIFYING THE STATE OFFICE. FAILURE TO NOTIFY THE STATE OFFICE WILL RESULT IN THE REJECTION OF CHECKS AT THE WIC BANK.

DISCARD OLD VENDOR STAMPS AND RETURN NEW UNUSED STAMPS TO THE STATE WIC OFFICE BY OCTOBER 7 OF EACH YEAR.

The WIC Vendor Stamp is a rubber stamp bearing a 4-digit number that identifies a vendor and allows her/him to validate WIC checks for deposit in the bank. Checks are invalid unless stamped with a vendor stamp.

The vendor stamp makes it possible to determine which vendor redeemed a particular checks. The first two digits identify the local WIC program holding the agreement with the vendor, and the last two digits identify the individual vendor.

Vendors are allowed to keep and use each vendor stamp only for one year during the period of their WIC Vendor Agreement. Collect the stamp at the end of each year, or when the vendor is no longer authorized to participate in the WIC Program.



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Each year the state WIC office issues a re-designed WIC vendor stamp to guarantee that vendors not authorized for the new fiscal year will not be reimbursed for checks submitted beyond the expiration date of their former WIC agreement.

#### COLLECTING OLD VENDOR STAMPS

Send each vendor that does not receive WIC authorization for the upcoming fiscal year a "RETURN OF STAMP LETTER".

Vendors have until the close of business on October 1 to return their old Vendor Stamps to your office. If the stamp is not returned by that time, visit the vendor to retrieve the stamp. Consult the state WIC office if you have difficulty obtaining the stamp promptly.

Discard old stamps as you receive them.

#### ISSUING NEW VENDOR STAMPS

1. Assign the last two digits of the vendor number according to these codes:

01-59	Food stores
60-69	Home delivery
70-99	Pharmacies
2. Enter the vendor stamp number on the signature page of the vendor agreement.
3. For all vendor stamps you issue after October 1, notify the state WIC office immediately by telephone.
4. Vendors may begin to use their new stamps as soon as they receive them.

#### ISSUING REPLACEMENT VENDOR STAMPS

1. If a vendor stamp becomes damaged so that the imprint is affected, request a new stamp with the same number from the state WIC office and issue it to the vendor in exchange for the old one.
2. If a stamp is lost, notify the state WIC office immediately so that checks bearing that stamp number can be stopped at the bank. Request a new stamp with a new number from the state WIC office and issue it to the vendor.

## VENDOR AUTHORIZATION

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TO AUTHORIZE A VENDOR FOR PARTICIPATION IN THE WIC PROGRAM:

1. CONDUCT A VENDOR AUTHORIZATION AND EDUCATION SESSION TO
  - EDUCATE THE VENDOR ABOUT THE WIC PROGRAM
  - EXPLAIN THE WIC FOODS AND CHECK REDEMPTION PROCEDURES
  - REVIEW AND SIGN THE WIC VENDOR AGREEMENT (OR AMENDMENTS, IF ANY)
  - COLLECT THE OLD VENDOR STAMP
  - ISSUE A NEW VENDOR STAMP
2. REGISTER THE VENDOR WITH THE STATE WIC OFFICE.

Vendors are not allowed to participate in the WIC Program until you formally authorize them.

Train all vendors annually, even though they have a three-year agreement.

Careful vendor education can be your best protection against vendor abuse. Vendors are less likely to have problems if they know the purpose and intention of the WIC Program and if they understand the procedures necessary for managing WIC. Use the vendor authorization period as an opportunity for extensive vendor education.

### THE VENDOR AUTHORIZATION AND EDUCATION SESSION

Once you approve a vendor for participation in the WIC Program, schedule an authorization and education session for her/him.

Conduct this session before the first day of the authorization period. Use the Vendor Agreement to train vendors in WIC policies and procedures.

You may hold individual authorization sessions for each vendor, or see vendors in a group. You may include vendor employees such as head cashiers in your authorization and education sessions so that they receive complete and accurate instructions on WIC procedures.

When scheduling the session, remind the vendor that you will collect the old vendor stamp at that time.

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### Planning The Session

If possible, hold education and authorization sessions for new vendors in the WIC office or clinic so that they can see WIC's role as a health care program. You may also conduct the education session at the vendor's place of business.

Arrange for an interpreter if you cannot comfortably speak the primary language of any vendors. It is important that the vendors understand the contents of the Vendor Agreement and the mechanics of WIC.

### During The Session

1. Describe the WIC Program and explain its role in your community.
2. Explain the WIC foods, including why some foods are authorized on the program and others are not. Explain the participant's options in selecting her/his food.
3. Carefully review the Vendor Agreement, sign it, and have the vendor sign it. Keep the original for your files; either sign another original for the vendor or give her/him a copy.
4. Retrieve the old vendor stamp and issue the new one, explaining its proper use.
5. Explain procedures for reimbursement of checks over \$30.00, checks with altered prices, and checks rejected by the bank. See the SPECIAL PRESCRIPTION FORMULAS and VENDOR REIMBURSEMENTS sections of this Procedure Manual for more information on vendor reimbursements.
6. Answer any questions or discuss any problems the vendor may have.

You may also include additional activities such as the true/false quiz, a review of an enlarged WIC check, the WIC slide show or filmstrip, or discussions about common problem areas.

Make sure that vendors have adequate supplies of the cashier card and WIC food list; if not, provide additional copies.

REGISTERING VENDORS WITH THE STATE WIC OFFICE

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NOTIFY THE STATE WIC OFFICE OF ALL VENDORS YOU AUTHORIZE FOR PARTICIPATION IN THE WIC PROGRAM. REQUEST APPROVAL FROM THE STATE WIC OFFICE BEFORE AUTHORIZING ANY VENDOR MID-YEAR.

After you complete an authorization session with a vendor, send a copy of the last page of the signed vendor agreement (or amendment) and bank deposit slip to the state WIC office by October 7.





NOTIFYING PARTICIPANTS OF WIC VENDORS

NOTIFY YOUR WIC PARTICIPANTS OF ALL VENDORS AUTHORIZED TO ACCEPT WIC VOUCHERS IN YOUR CATCHMENT AREA AND IN ADJOINING AREAS IF APPROPRIATE.

1. Compile a list of all authorized WIC vendors within your program area. Include:
  - Vendor name
  - Address
  - Phone number
  - Hours of operation
2. Distribute the vendor list to all participants during the October voucher pick-up.
3. Distribute your vendor list to all new WIC participants as they enter the program.
4. Post a list of your authorized vendors in the WIC office.



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SENDING VENDOR INFORMATION TO THE STATE WIC OFFICE

SEND VENDOR INFORMATION TO THE STATE WIC OFFICE ON SCHEDULE.

Send copies of the following materials to the state WIC office by the dates shown.. The state WIC office uses this data for vendor monitoring, reimbursement of checks submitted to the state WIC office, reports on the vendor system, fair hearings, and other purposes.

ITEM	MAILING DEADLINE
Vendor applications with 7/1 price list	July 24
Acceptance and rejection letters	September 7
Expired vendor stamps	October 7
Last page of signed vendor agreements/amendments	October 7
Vendor review forms	As completed
Warning letters	When sent to vendor
Requests for sanction points	As needed
Invalid or damaged vendor stamps	Within one week of retrieval



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VENDOR FILES AND REPORTS

VENDOR RECORDKEEPING CONSISTS OF:

- THE VENDOR MASTERFILE
- VENDOR REPORTS
- OFFICE VENDOR FILES CONTAINING COPIES OF ALL REQUIRED DOCUMENTS.

THE VENDOR MASTERFILE

The vendor masterfile contains basic information about each vendor. It is maintained by the state WIC office and updated as changes occur.

Information in the vendor masterfile is used for reports, mailings to vendors, the computerized vendor monitoring system, other vendor monitoring, and for answering a variety of questions about vendors.

VENDOR REPORTS

Two vendor reports will be sent to you each month:

- Bank Reject Reason Summary
- Vendor Gross Redemption Level Variance

OFFICE VENDOR FILES

- \*\* Keep copies of all materials pertaining to vendors with whom you have a current agreement in an active vendor file (see below).
- \*\* Keep applications and rejection letters for vendors with whom you did not sign an agreement in an inactive vendor file.
- \*\* Keep records and termination/disqualification letters for former vendors in a terminated vendor file.



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For each currently authorized vendor, maintain on file:

1. Vendor application with July 1 price list (both signed)
2. Mandatory minimum checklist
3. Composite price calculation sheet
4. Acceptance letter (copy) and receipt
5. Last page of vendor agreement (with vendor and WIC signatures)
6. On-site review forms (if applicable)
7. Home delivery surveys (if applicable)
8. Written participant and vendor complaints (if any), with follow-up
9. Copies of all correspondence, such as:
  - follow up to a participant complaint
  - warning letter and vendor's response to it
10. "Flow sheet" to document concerns, notes of phone calls, etc.

KEEP COPIES OF VENDOR MATERIALS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

MAINTAINING POSITIVE RELATIONSHIPS WITH WIC VENDORS

TO INCREASE WIC'S EFFECTIVENESS IN THE COMMUNITY, MAINTAIN A POSITIVE AND SUPPORTIVE RELATIONSHIP WITH YOUR VENDORS.

TRY TO CONTACT EACH VENDOR AT LEAST TWICE A YEAR.

COMMEND VENDORS WHO TAKE AN INTEREST IN THE WIC PROGRAM AND WHO ARE RESPONSIVE TO PARTICIPANTS.

VENDOR CONTACTS

Vendors are an important link between your WIC Program and your community. WIC participants often have more contact with WIC vendors than they do with your staff. Therefore, make every effort to include vendors in your educational and public relations efforts.

If possible, contact each vendor at least twice a year to discuss his/her opinions and suggestions about WIC and any problems s/he may be having, so that you can take any necessary action. These two contacts may include visits or phone calls made for other purposes, as long as you also discuss these issues, and questionnaires.

Document each contact in the vendor's file.

USING VENDORS FOR OUTREACH

- Make sure all vendors have an "Authorized WIC Vendor" sign.
- Give all vendors material describing the WIC Program, outlining eligibility criteria, and explaining how to apply.
- You may wish to leave nutrition education materials with the vendor. "Point of purchase" education about WIC foods can help reinforce WIC's nutrition education.



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## VENDOR EDUCATION

PROVIDE EDUCATION TO WIC VENDORS TO SOLVE PROBLEMS AND TO MEET THEIR NEEDS AND INTERESTS IN WIC.

DOCUMENT VENDOR EDUCATION CONTACTS IN THE VENDOR'S FILE.

### VENDOR EDUCATION

Vendor education includes any contact you make with the vendor to explain the WIC program or to solve problems with participants. This includes visits to or from the vendor, letters, mailings, and phone calls. Vendor education can take place with individual vendors or in groups. Keep in touch with your vendors; ask them what information they need about WIC and what kind of training and materials would be helpful to managers and cashiers.

Make sure the vendor has enough copies of the cashier card and WIC food list so s/he can post one at each register. Remind the vendor of the importance of training cashiers about WIC procedures. Distribute the Vendor's Guide to WIC and the WIC Food List.

Vendor education sessions can be either formal or informal. Gear the manner and intensity of the education session to the subject matter.

### NOTIFYING VENDORS OF POLICY CHANGES

When you change any WIC policies or procedures that impact on your vendors, notify them verbally and then to follow up with a letter reinforcing the information.

The state WIC office notifies vendors directly of any statewide policy changes such as new allowable WIC foods, and expects that you will clarify any questions your vendors have about the new policy.





COMMENTS AND COMPLAINTS FROM VENDORS

ENCOURAGE VENDORS TO VOICE THEIR OPINIONS ABOUT WIC PROGRAM OPERATIONS.

Take vendors' comments and complaints seriously. They may help you to identify areas where further participant education is needed or where WIC procedures need to be improved.

When a vendor has a complaint about WIC procedures, it may be due to a lack of understanding of the WIC Program. Use this opportunity to help vendors understand WIC's goals and approach.

VENDOR COMMENTS AND COMPLAINTS

1. When a vendor has a comment or complaint about the WIC Program, fill out a "COMMENT/COMPLAINT FORM: VENDORS". Attach the vendor's written complaint, if any. See the Originals Packet for a copy of the form.
2. Act on all complaints within two weeks.
3. File the completed "COMMENT/COMPLAINT FORM: VENDORS" in the vendor's file.
4. Send a copy of the "COMMENT/COMPLAINT FORM: VENDORS" to the state WIC office.



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VENDOR REIMBURSEMENTS

A VENDOR REIMBURSEMENT IS PAYMENT OF A CHECK BY THE STATE WIC OFFICE INSTEAD OF THE WIC BANK.

CHECKS REJECTED BY THE BANK FOR THE FOLLOWING REASONS MAY ONLY BE REIMBURSED BY THE STATE OFFICE. VENDORS MAY SUBMIT THESE CHECKS TO THE STATE WIC OFFICE, WHICH WILL PAY IF APPROPRIATE:

- ILLEGIBLE VENDOR STAMP
- EXCESSIVE DOLLAR AMOUNT
- PRICE ALTERED, IN PENCIL, MISSING OR ILLEGIBLE
- ALTERED SIGNATURE OR DATE
- STOP PAYMENT (A CHECK THAT A LOCAL AGENCY HAS VOIDED)
- CHECK ALREADY REJECTED FOR ANOTHER PROBLEM WHICH HAS BEEN CORRECTED

HAVE VENDORS SUBMIT THESE CHECKS DIRECTLY TO THE STATE WIC OFFICE. THESE CHECKS WILL BE ROUTINELY PAID IF LEGITIMATELY PRICED:

- ALTERED PRICES
- PRICE IN PENCIL
- CHECKS WHICH EXCEED \$30.00

REJECTED CHECKS

Checks are rejected at the WIC bank for a number of reasons. Some checks can be corrected by the vendor and redeposited into the WIC bank (e.g., No Vendor Stamp). Other checks cannot be corrected by the vendor (e.g., Altered Price) and must be sent to the state WIC office for reimbursement. Future dated and expired checks will not be reimbursed by the WIC bank or the state WIC office at all. Refer to "REJECT CODES" and "WHAT TO DO ABOUT REJECTED CHECKS" on pages 2 and 3 of this section for more details.

STANDARD PROCEDURE

The vendor mails checks to the Vendor Compliance Assistant at the state WIC office, requesting payment and explaining why. State staff will review the requests, including checking vendor price lists, and authorize the WIC bank to pay the vendor the appropriate amount, if any. The bank will send the vendor an ACH (i.e., wire transfer) along with a statement of the check numbers being reimbursed and the amount paid for each check.

Vendors may call the state WIC office for information on the status of any checks in this process.

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# STOP PAYMENTS

If a vendor accepts a check on which payment was stopped, the state WIC office will reimburse her/him if s/he accepted the check in good faith and followed all WIC procedures (e.g., checked signatures, etc.) Have the vendor submit the check and explanation to the state WIC office. Bounced-check fees will also be reimbursed in these cases if the vendor sends a copy of the bank statement listing the fee.

REJECT CODESPART VII: VENDORS  
SECTION N  
PAGE: 3  
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A	NO VENDOR STAMP
B	INVALID VENDOR NUMBER
C	INVALID/COUNTERFEIT VENDOR STAMP
D	ILLEGIBLE VENDOR STAMP
E	NO SIGNATURE (or countersignature)
F	MISMATCHED SIGNATURES
G	EXPIRED
H	FUTURE DATED
I	CANCELLED VENDOR NUMBER
J	EXCESSIVE DOLLAR AMOUNT
K	PRICE WRITTEN IN PENCIL
L	ALTERED PRICE
M	PRICE MISSING
N	ILLEGIBLE PRICE
O	NO MASS. WIC PROGRAM STAMP
P	ALTERED SIGNATURE
Q	ALTERED DATE
R	NO NAME
S	NO ISSUE DATE
T	NO ENDORSEMENT
U	NOT DEPOSITED IN VENDOR'S BANK
V	STOP PAYMENT
W	OTHER (Specify)



WHAT TO DO ABOUT REJECTED VOUCHERS

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<u>CODE</u>	<u>REASON</u>	<u>EXPLANATION</u>
A	No Vendor Stamp	The vendor can stamp/restamp the check and redeposit it in the vendor's bank.
D	Illegible Vendor Stamp	
B	Invalid Vendor Stamp	Please notify the state WIC office immediately.
C	Counterfeit Vendor Stamp	
E	No Signature	The check must have the correct signature before it can be reimbursed (if you wish to obtain the signature).
F	Mismatched Signatures	
G	Expired	Check will not be paid by the WIC bank or the state WIC office after 89 days from the NOT GOOD BEFORE date.
H	Future-Dated	Check will not be paid by the WIC bank or the state WIC office <u>AT ALL</u> .
J	Excessive Dollar Amount	The vendor should <u>not</u> reduce check amount; the state WIC office will reimburse the vendor according to the vendor's latest price list.
K	Price Written in Pencil	Checks will be rejected at the WIC bank. Submit directly to the state WIC office for reimbursement.
L	Altered Price	
M	Missing Price	
N	Illegible Price	
O	No Mass. WIC Program Stamp	Checks will be rejected at the WIC bank. The vendor should contact you for assistance before sending the check to the state WIC office.
P	Altered Signature	
Q	Altered Date	
R	No Name	
S	No Issue Date	
T	No Endorsement	The vendor should endorse and submit to the state WIC office.
U	Not Deposited in Vendor's Bank	Currently not in use.
V	Stop Payment	The vendor should submit check to the state WIC office; if the check is legitimate the vendor will be reimbursed for the check amount plus any documented bank fee.

VENDOR MONITORING

VENDOR MONITORING TAKES PLACE AT BOTH THE STATE AND LOCAL LEVEL.

VENDOR MONITORING AT THE LOCAL LEVEL INCLUDES:

1. REVIEWING PRICE LISTS
2. RESPONDING TO COMMENTS AND COMPLAINTS FROM PARTICIPANTS
3. CONDUCTING VENDOR REVIEWS
4. SENDING WARNING LETTERS
5. NOTIFYING THE STATE WIC OFFICE OF WARNINGS AND SERIOUS PROBLEMS AND COMPLAINTS AGAINST ANY WIC VENDOR.

Vendor monitoring is a responsibility shared between the state WIC office and the local WIC programs.

- \*\* At the local level, you are responsible for monitoring vendors' compliance with the WIC Program, especially to ensure that participants receive satisfactory service from vendors. If you would like assistance with monitoring techniques, contact the state WIC office.
- \*\* At the state level, monitoring includes analysis of redeemed vouchers to detect overcharging and other problems, and compliance buys based on local WIC programs' requests and other sources of information.



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REVIEWING PRICE LISTS

THE STATE WIC OFFICE WILL COLLECT NOVEMBER 1, MARCH 1, AND JULY 1 PRICE LISTS FROM ALL VENDORS AND SEND COPIES TO YOU.

REVIEW EACH NEW PRICE LIST AGAINST THAT VENDOR'S PREVIOUS PRICE LIST.

CONTACT THE STATE WIC OFFICE IF YOU NOTICE ANY QUESTIONABLE PRICE INCREASES OR IF THE VENDOR IS MISSING THE MANDATORY MINIMUM.

Review price lists for unusual increases to:

- detect overcharging of the WIC program
- discover cases of vendors giving false prices on their applications
- look for evidence that the vendor does not carry the Mandatory Minimum of WIC foods.

Compare the November 1 prices to the July 1 prices, and March 1 prices to November 1 prices. Vendors with price increases which cannot be justified by inflation and/or other legitimate factors may be disqualified if they do not lower prices to an acceptable level.





COMMENTS AND COMPLAINTS FROM PARTICIPANTS

DOCUMENT ALL PARTICIPANT COMPLAINTS ABOUT VENDORS.

INFORM PARTICIPANTS REPORTING VIOLATIONS BY A VENDOR THAT THEY ARE NOT OBLIGED TO TESTIFY IN COURT OR IN A FAIR HEARING UNLESS THEY WISH TO.

FOLLOW EACH PARTICIPANT COMPLAINT OR COMMENT WITH A VENDOR REVIEW, LETTER TO THE VENDOR, OR PHONE CALL.

NEVER MENTION THE PARTICIPANT'S NAME TO A VENDOR.

NOTIFY THE STATE VENDOR STAFF OF ANY SERIOUS PROBLEMS REPORTED BY PARTICIPANTS.

THE PARTICIPANT'S ROLE IN VENDOR MONITORING

For participants to be able to assist in vendor monitoring, they must clearly understand how to redeem their WIC vouchers.

Make it clear to them that you want to know if they ever have any problems with WIC vendors, including problems redeeming their vouchers or obtaining WIC foods. Some options for soliciting participant input are:

- o putting a suggestion/complaint box in your office
- o distributing a questionnaire asking about vendors.

Tell participants they do not have to give their name when making a complaint, but a signed statement is helpful for documentation.

USING THE PARTICIPANT'S COMMENT/COMPLAINT FORM

Use the "PARTICIPANT'S VENDOR COMMENT/COMPLAINT FORM" to document any comments or complaints that you receive about a vendor, and your follow-up. The complaint must be written or dictated by the participant, in her/his own words. Comments or notes by WIC staff are not acceptable documentation of a participant complaint.

- Put a copy of the form in the vendor's file.
- Document any response by the vendor in the vendor's file.
- Send a copy of the completed comment/complaint form to the state WIC office.

NOTE: If a participant complaint indicates a problem which may require a Sanction Score, obtain any possible additional documentation of the problem, to make a stronger case for sanctioning the vendor.



VENDOR REVIEWS

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IF YOU SUSPECT A VENDOR IS ABUSING THE WIC PROGRAM, CONDUCT A VENDOR REVIEW OR ASK THE STATE WIC OFFICE TO CONDUCT A COMPLIANCE BUY.

REVIEW AT LEAST 50% OF YOUR VENDORS DURING THE FIRST HALF OF THE FISCAL YEAR. REVIEW ALL YOUR VENDORS AT LEAST EVERY TWO YEARS; TRY TO REVIEW EACH VENDOR AT LEAST ONCE A YEAR.

CONTACT THE STATE WIC OFFICE IF YOU DISCOVER SERIOUS PROBLEMS DURING A VENDOR REVIEW.

Select the 50% of vendors to be reviewed as a representative sample of all vendors, i.e. ensure that vendors of various types, sizes and locations are monitored.

During the vendor review:

1. Check prices against most recent price list and review the Mandatory Minimum of WIC foods
2. Review other WIC procedures and requirements
3. Provide technical assistance as needed
4. Use the Bank Reject Reason Summary Report as a source of information on problems.

Conduct vendor reviews as often as necessary, especially:

- o After you receive one or more complaints about a vendor
- o If you receive a call for technical assistance from the vendor
- o After you receive a Price List from a vendor that seems unusual (for example, the prices are very high or very low, or it appears that the vendor no longer carries the Mandatory Minimum).

To schedule a vendor review, you may wish to call the vendor to arrange a mutually convenient time. Send a confirmation letter and keep a copy in the vendor's file.

You are also encouraged to conduct unannounced vendor reviews in cases of suspected violations.

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Complete a "VENDOR REVIEW FORM" for each visit. (See the Originals Packet for a copy of the form appropriate to the type of store visited.) You need not complete the whole form for repeat visits if a recent form is on file. Record all your findings. Indicate any questions or problems the vendor had, and explain your responses. Record any follow-up needed. Keep the form in the vendor's file, and send a copy to the state WIC office.

Follow the review with a letter to the vendor indicating your findings, and indicating any changes you want the vendor to make. Keep a copy of the letter and follow-up in the vendor's file, and send a copy to the state WIC office.

#### VENDOR WARNING LETTERS

If you discover a problem during the vendor review that may result in sanction points being applied, send the "VENDOR REVIEW WARNING LETTER"; include the date by which the problem must be corrected.

Keep a copy in the vendor's file and send a copy to the state WIC office.

HOME DELIVERY MONITORING

SURVEY 5% OF ALL HOME DELIVERY PARTICIPANTS EACH MONTH.

RIDE EACH HOME DELIVERY TRUCK AT LEAST ANNUALLY.

WHEN MONITORING A HOME DELIVERY VENDOR, OBTAIN FROM THAT VENDOR A WRITTEN LIST OF ALL PARTICIPANTS SERVED.

PROVIDE EXTRA TRAINING TO VENDORS AND PARTICIPANTS WHERE WIC PROCEDURES ARE NOT BEING FOLLOWED.

Follow these procedures when monitoring home delivery vendors:

1. Obtain from the vendor a written list of all participants s/he serves. If this is a problem, remind her/him that the Vendor Agreement states the need to keep records for three years.
2. Survey 5% of all home delivery participants each month, so that samples are distributed as evenly as possible across vendors and trucks. Have the participant fill out the "HOME DELIVERY SURVEY FORM" or interview her/him over the phone and fill it out yourself. Include any questions of your own. Use the survey results to document compliance and to indicate if further monitoring is necessary.
3. Ride each truck at least annually to verify that WIC procedures are being followed. Use the Vendor Agreement as a guide, and notify the state WIC office if sanctioning is appropriate. Document all inspections.
4. Provide extra training to vendors and participants where WIC procedures are not being followed. Call the WIC Vendor Coordinator if you have a need or suggestions for specific training materials.





VENDOR SANCTIONS

IF YOU DISCOVER THAT ANY VENDOR WITH WHOM YOU HAVE SIGNED AN AGREEMENT IS ABUSING THE WIC PROGRAM, FOLLOW UP WITH A WARNING LETTER OR FURTHER INVESTIGATION IF NECESSARY. IN CASES OF SERIOUS ABUSE, CONTACT THE STATE WIC OFFICE FIRST.

ONLY THE STATE WIC OFFICE MAY APPLY A SANCTION SCORE OR DISQUALIFY A VENDOR.

SEE THE VENDOR AGREEMENT FOR THE FULL SANCTION POLICY.

1. If you suspect that a vendor is abusing the WIC Program, verify your suspicions by:

- o Conducting a vendor review, or
- o Asking the state WIC office to conduct a "compliance buy", or
- o Getting three separate complaints written or dictated by three separate participants of the same abuse by the same vendor.

The first two options are preferable.

2. After you have documented the violation, send a warning letter to the vendor. (For serious abuse, first contact the state WIC office.) Use these letters provided in the Originals Packet:

- "PARTICIPANT COMPLAINT WARNING LETTER" (may be sent after the first complaint)
- "VENDOR REVIEW WARNING LETTER"
- "OTHER KNOWN ABUSES WARNING LETTER"

Send the letter by certified mail or hand deliver it. Send a copy to the state WIC office, and keep a copy of the warning letter and the certified mail receipt in the vendor's file.

3. Send the "VENDOR COORDINATOR FOLLOW-UP LETTER" to the state WIC office noting the outcome. The state WIC office will apply any needed Sanction Score and/or other sanctions, including disqualification.

4. If the WIC Vendor Sanction Policy indicates that the vendor should be disqualified from the WIC Program but you feel that this course of action is not appropriate, CONTACT THE STATE WIC OFFICE IMMEDIATELY to request a waiver of the sanction. Be prepared to document your concerns.

VENDOR APPEALS

VENDORS HAVE THE RIGHT TO APPEAL DECISIONS THAT ADVERSELY AFFECT THEIR PARTICIPATION IN THE WIC PROGRAM.

A vendor has the right to appeal:

1. Denial of an application to participate in the WIC Program
2. Disqualification from participation in the WIC Program
3. Any other "adverse action" which affects her/his participation in the WIC Program.





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REQUESTS FOR VENDOR FAIR HEARINGS

VENDORS MAY APPEAL A DECISION AFFECTING THEIR PARTICIPATION IN THE WIC PROGRAM BY REQUESTING A FAIR HEARING IN WRITING FROM THE STATE WIC OFFICE WITHIN THIRTY DAYS FROM THE DATE OF THE DECISION THEY ARE APPEALING.

There is no standard form for a vendor to use in requesting a fair hearing.

Tell vendors to address their requests for a fair hearing to:

Vendor Specialist  
Massachusetts WIC Program  
Department of Public Health  
150 Tremont Street, 3rd floor  
Boston, Massachusetts 02111

and to make sure the state WIC office receives their request within 30 days of the date they were notified of the decision.



VENDOR PARTICIPATION PENDING A FAIR HEARING

THERE IS A MANDATORY 15-DAY NOTIFICATION PERIOD BEFORE "ADVERSE ACTION" SUCH AS DISQUALIFICATION MAY BE TAKEN AGAINST A VENDOR.

IN THE EVENT OF A FAIR HEARING TO APPEAL A DECISION:

- VENDORS WHO ARE ALREADY AUTHORIZED MAY NOT NORMALLY CONTINUE TO ACCEPT WIC VOUCHERS AFTER THE 15-DAY PERIOD AND WHILE AWAITING THE HEARING OFFICER'S DECISION (see below).
- VENDOR WHO ARE NOT CURRENTLY AUTHORIZED MAY NOT ACCEPT VOUCHERS WHILE AWAITING THE HEARING DECISION.

After the 15-day notification period, the state WIC office may take adverse action against a vendor, such as disqualification, effective immediately. The state WIC office may, however, decide instead to postpone adverse action until a hearing decision is rendered, considering inconvenience to participants and other relevant criteria. In such a case, until the decision is received, the state WIC office may require the vendor to deposit vouchers directly to the WIC Program for reimbursement rather than to the bank.



VENDOR FAIR HEARING PROCEDURES

VENDOR HEARINGS ARE CONDUCTED BY AN INDEPENDENT, IMPARTIAL HEARING OFFICER APPOINTED BY THE DEPARTMENT OF PUBLIC HEALTH.

VENDORS MAY REVIEW THE WIC FILE ON THEIR CASE UPON REQUEST.

PREPARING FOR THE HEARING

1. When the state WIC office receives a request for a hearing, they will contact you to schedule a meeting to discuss the case.
2. Before the meeting, prepare a case file containing all relevant documents, such as:

For Denied Applications

- map clearly showing the areas of competition noted on your Vendor Selection Plan, and location of approved WIC vendors
- statistics on location of WIC participants
- rationale and documentation for limiting factors given in Vendor Selection Plan such as geographic or other factors
- means of access for WIC participants to selected vendors (public transportation, mileage, etc.)
- results of Participant Shopping Survey, if available
- applications with price lists for all vendors competing with denied vendor
- list of all competitors, ranked by composite price
- composite price calculations for all competitors
- letters of acceptance or denial for all competitors
- any information documenting inaccuracies in the application
- lists from home delivery vendors of participants served (as needed).



For Disqualified Vendors

- vendor application
  - vendor agreement
  - vendor review forms
  - participant complaints
  - correspondence
3. At the meeting, you and the state WIC office will discuss the case file and the reasons for the adverse action, and prepare for the hearing.
  4. The state WIC office schedules the hearing to take place within 30 days of the receipt of the request, and sends a hearing notice stating the date, time, and place for the hearing to the vendor by certified mail. Copies are sent to you and the Hearing Officer.
  5. After the hearing is scheduled, it may be rescheduled once, at the vendor's request.

CONDUCTING THE HEARING

1. The hearing is relatively informal, and may be tape-recorded.
2. The WIC Program presents its case first.
  - o The designated representative of the state WIC office (usually an attorney from the Office of General Counsel for the Department of Public Health) makes an opening statement to explain, in a general way, why the decision being appealed was taken.
  - o The WIC Program presents witnesses to show that the basis for the decision is accurate.
    - \* You may be asked to explain any program abuses, warnings, participant complaints, or vendor selection data relevant to the case
    - \* A participant may be asked to testify
    - \* An investigator may explain any compliance buy(s) performed
    - \* State WIC staff may discuss state policies, federal regulations, and duration of any sanction.
  - o The vendor may question any WIC Program witnesses directly following their testimony.
3. The vendor (or her/his lawyer, spokesperson, or other representative) then presents the vendor's case. S/he may make an opening statement and present witnesses who may be cross-examined by the representatives for the state WIC program.

THE HEARING DECISION

1. The hearing officer has sixty days from the date of the initial hearing request to write the decision and to mail it by certified mail to the vendor. S/he also sends copies to you and to the state WIC office.
2. The hearing officer's decision is final.
3. The vendor may appeal the hearing decision to Superior Court.











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